MALES' SUPPORT TOWARD FEMALES AFTER SEXUAL ASSAULT

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The current study explored the relations among rape myths, attitudes toward rape victims, perceived social support, sex role, and social reactions in a male undergraduate sample (N = 205). Males who have provided support to a sexual assault victim were compared to those who have not provided support to a sexual assault victim on several measures. Social reactions of those who have provided support to a sexual assault victim were compared to hypothetical reactions provided by individuals who have not previously provided support. Results indicated that rape related attitudes and beliefs did not differ between those who have and have not provided support to a sexual assault victim. In addition, individuals who were responding to a hypothetical situation reported that they would provide more positive social support than individuals who were responding to an actual situation. Implications for clinical work and future research in this area are discussed.

TABLE OF CONTENTS

LIST OF TABLES

Page

CHAPTER 1

INTRODUCTION

Sexual assault of a woman is a traumatic experience that can alter the lives of the victim and her significant others and have serious consequences on her psychological well-being. Sarkar and Sarkar (2005) report that victims of sexual assault often experience a range of psychological problems, including depression, post-traumatic stress disorder, sleep disorders, anxiety, sexual dysfunction, and suicidal thoughts. Popiel and Susskind (1985) added that the effects of the "rape trauma syndrome" can last a year or more, although recovery times vary greatly. Many studies report without reservation that social support is an important factor in the recovery of trauma victims (Ullman, 1999). Prior research has questioned the buffering effects of social support, with some scholars (e.g., Popiel & Susskind, 1985) stating that there is no conclusive evidence that social support is helpful to victims of rape. However, a recent meta-analysis conducted by Piper (2005) seems to provide more direction regarding the relation between social support and stressors. She found that generally, higher levels of social support resulted in less severe stress reactions (small to medium effect sizes).

The helpfulness of specific support providers in the aftermath of a sexual assault remains unclear. Although it has been shown that males have more negative views toward rape victims through vignette studies (George & Martinez, 2002; Mori, Bernat, Glenn, Selle, & Zarate, 1995), it has not been shown whether these beliefs affect males' abilities to provide social support (Shimp, 2002). The purpose of this study was to examine the relations between males' social reactions and support toward sexual assault victims and their attitudes and beliefs about rape, rape myths, and perceived gender role. A related purpose was to identify similarities and

differences between men who have actually provided support to a sexual assault victim and men who have never been in such a role.

Sexual Assault

Prevalence. According to the National Victim Center, in the United States "78 women are forcibly raped every hour, 1,871 every day, 56,916 every month, and about 683,000 every year" (Anderson, Cooper, & Okamura, 1997). A national survey by the Centers for Disease Control and Prevention (CDC; 2002) reported that 28% of female college students have experienced a rape, as legally defined, since the age of 14. A study by Casey and Nurius (2006) reported that 38% percent of a community sample of women reported experiencing at least one sexual assault. Not only are rapes prevalent, but most of them go unreported. It is estimated by the CDC (2002) that only about 16% of rapes are ever reported to the authorities; this report also conjectures that the psychological outcomes of unreported rapes are likely more problematic than in reported rapes. According to Golding, Wilsnack, and Cooper (2002), individuals with a history of sexual assault are less likely to have frequent contact with family and friends, are less likely to be married, and receive less emotional support in general, than individuals who have not been assaulted.

Not only do rapes frequently go unreported to the police, but the victims also frequently tell no one about the assault. A survey by Warshaw (1994) found that 42 percent of rape victims reported that they had previously told no one about the assault. Even then, individuals still report that they hear about a rape from someone they know. McGruder-Johnson, Davidson, Gleaves, Stock, and Finch (2000) found that 53.2% of a college sample reported hearing about sexual violence experienced by acquaintances. Reck and Davidson (2004) also showed that 64% of a

sample of college males acknowledged being told about an act of sexual violence that included attempted or forced penetration, attempted kissing, fondling or other sex play, or forced sex acts; 44% reported being told about an event that would be legally defined as rape.

The above statistics show that rape is a serious problem in our society – one that is often stigmatized and kept silent. However, since the feminist movement, there has been an increase in the attention given to sexual crimes in the literature and in society (Ward, 1995).

Definitions of rape. There are many different ways that rape has been defined in the literature. Traditionally, rape was seen as a male forcing sexual intercourse with a female who was not his wife (Anderson et al., 1997). More recently, this definition has been broadened to include any type of non-consensual sexual penetration, and is often used synonymously with the term "sexual assault" (Cwik, 1996). Police officers, those whose opinions can determine whether or not a rape gets prosecuted, often give mixed definitions of rape. Campbell and Johnson (1997) showed that police officers often had trouble identifying key elements of the definition of rape, and they also frequently endorsed common myths about rape. Even lawmakers have trouble defining rape, and the definitions differ from state to state. The Texas Penal Code defines sexual assault as penetration of the anus, vagina, or mouth with a sexual organ or object, without that person's consent OR causing another person to contact or penetrate the mouth, anus or sexual organ without their consent (Texas Legislature Online, 2004). Even though definitions of rape over time have moved toward seeing rape as a crime rather than an act of sex, the culture at large still holds many negative beliefs regarding rape (Cwik, 1996).

Attitudes

Importance of attitudes. Although the term "attitudes" is used widely in social science, a definition for this construct is elusive. Ward (1995), in her book about attitudes toward rape victims, explained that hundreds of definitions exist in social science research for attitudes. In general, attitudes can be described as "general, relatively stable and enduring cognitive tendencies to respond in a certain way to a variety of social stimuli" (Ward, 1995, p. 40). Attitudes help to organize the environment and are formed through social interaction. Although attitudes tend to be stable and enduring, they can be changed. In addition, there is also a debate on whether or not attitudes reliably predict behavior. There is evidence that individuals with certain attitudes and intentions sometimes show behaviors that contradict those attitudes. Fishbein, Hennessy, Yzer, and Douglas (2003) reported that an individual's behavior may not reflect intention when the person feels a lack of ability to perform the behavior or when constrained by the environment. Nonetheless, attitudes often do predict behavior and response patterns. Terry, Hogg, and McKimmie (2000) showed that attitudes are likely to predict behavior in college students when the attitudes and behaviors are consistent with the in-group norm. Therefore, attitudes about rape and rape victims might have a great impact on how an individual will respond when faced with an opportunity to provide social support to a rape victim.

Rape Myths

Although one might think that the Western culture is becoming more progressive and open-minded, rape myths are widely accepted by individuals in the general population (Burt, 1980). Rape myths are false beliefs about rape, the individuals involved, and the attribution of blame. Feminist theory has proposed that these rape myths exist because the male-dominated

culture has created an unbalanced distribution of power in favor of males, causing females to fall into the category of the weaker sex (Anderson et al., 1997). Therefore males' aggression towards women is a reflection of these sex role stereotypes, leading to a social belief that aggressive behavior, such as rape or domestic violence, is acceptable.

Eyssel, Bohner, and Siebler (2006) have demonstrated, in a study with German college students, that males' acceptance of rape myths is statistically correlated with the proclivity to commit sexual violence against women. Additionally, it appears that these variables are causally linked, with high rape myth acceptance being the precursor to sexual violence, as shown in hypothetical self-report experiments conducted by Bohner et al. (1998). In a later study, Bohner, Siebler, and Schmelcher (2006) also showed that when males believe that others have a high rape myth acceptance, their own proclivity for sexual violence increases. Therefore the acceptance of rape myths impacts the reaction of others toward acts of sexual violence, and may impact the likelihood of individuals providing support to a sexual assault victim. Other factors that may predict high rape myth acceptance in adult males include older age and lower levels of education (Kassing, Beesley, & Frey, 2005).

Studies have used various methods to measure rape myths in the population. One of the most commonly used methods in the measurement of rape myths is the rape vignette, a written description of a rape encounter presented to a study participant in order to assess perceptions of blame and general attitudes toward rape (Anderson et al., 1997). One of the main correlates of rape myth endorsement is gender. Pollard (1992), in a review of rape vignette studies, concluded that males are more likely than females to blame the victim and hold more stereotypical sex-role attitudes when responding to rape vignettes. One of the main concerns when relying on rape vignettes is whether or not these results can be generalized beyond the vignettes. Cook and

Rumrill (2005) examined the problem of using analogue design (which includes vignettes) in social science research and discussed its validity when applied to the external world. They acknowledge that although these analogue studies often have good internal validity, they may not be externally valid. In conclusion, they suggest that analogue research only be used as an initial investigation into a research problem, and that it should be followed by research with high external validity. Thus, one purpose of the present study was to begin testing the external validity of findings from rape-vignette research. Specifically, would a person who endorses rape myths behave differently in social support situations than someone who does not endorse such myths.

Sex Roles

Extensive literature exists regarding the relation between perceived sex role and attitudes and beliefs. Sex or gender roles can be defined as stereotyped expectations about behavior and personality characteristics for the male and female sex (Holt & Ellis, 1998). Sex roles have been traditionally categorized, in the approach of Bem (1974), into three factors: masculinity, femininity, and androgyny. According to Bem, it is more desirable to be androgynous, which is being high on both masculine and feminine characteristics, because such persons are better able to adapt to social situations.

Although Western culture has apparently embraced more egalitarian roles for men and women in recent decades, sex role endorsement still reflects the categories described above. Holt and Ellis (1998), in a validation study of the Bem Sex-Role Inventory, developed some 25 years earlier, found that undergraduate students' views on sex roles have not changed to a significant degree. Masculine characteristics were identified as more desirable for a man, whereas feminine characteristics were identified as more desirable for a woman.

Adhering to a specific gender role has also been shown to have an impact on attitudes toward rape and accepting rape myths. Johnson, Kuck, and Schander (1997) and Mullikan (2006) demonstrated that individuals who hold a more traditional sex role (masculine role for males and feminine role for females) endorse rape myths more often than those whose perceived role differs from traditional expectations (males who hold a more feminine sex role or females who hold a more masculine sex role). Szymanski, Devlin, Chrisler, and Vyse (1993) showed that men with more androgynous or feminine sex roles hold more egalitarian views. Simonson and Subich (1999) found that college students who held less traditional sex role stereotypes were less likely to blame the victim in rape vignettes. Similarly, a study of 106 male undergraduates showed that men who endorsed less traditional sex roles tended to hold more supportive attitudes toward date rape victims (Truman, Tokar, & Fischer, 1996), and Mendelsohn and Sewell (2004) demonstrated that individuals with a masculine sex-role type were less sympathetic toward trauma victims in a vignette scenario.

Gender roles may also have an effect on the extent to which social support is perceived, utilized, and provided. In a sample of 67 male and 66 female college students, Burda, Vaux, and Schill (1984) found that individuals who had a more feminine or androgynous sex type received significantly more social support than those who had a more masculine or undifferentiated sex type. Feminine and androgynous types also reported more supportive networks and were more likely to use these support sources. In addition, Anderson and Lyons (2005) found that men were less supportive than women toward rape victims, but only when mediated by perceived gender role. Males with a more feminine, rather than traditionally masculine, gender role appeared to be just as supportive toward rape victims as women.

Social Support

Definitions of social support. Social support is one of the most widely researched areas of the social sciences, yet there is not a consensus on what defines the construct of social support. Most definitions agree that social support can include instrumental, emotional, and informational support (Golding, Siegel, Sorenson, Burnam, & Stein, 1989). Hupcey (1998) attempted to reveal the incongruities that exist between research and applied definitions, and developed her own conceptual definition of social support. Current research into the theoretical construct of social support is pointing more and more toward the importance of looking at social support within a specific context. For example, Williams, Barclay, and Schmied (2004) stress the importance of looking at social support in the context that it is studied. A conceptual definition of social support that refers to rape aftermath may be different from one that refers to cancer survivors. Because a great number of varying definitions are used, it is difficult to compare studies on the factor of social support. A social support definition, therefore, should be chosen or formulated based on the population that the experimenter wishes to study.

Types of social support. It has been posited by some that there are two dimensions to social support – positive social support and negative social support. The Social Reactions Questionnaire was developed by Ullman (2000) to measure these two distinct dimensions. She conceptualized three aspects of positive social support: 1) instrumental support (tangible); 2) emotional support; and 3) information support. She conceptualized negative social support as comprised of five aspects: 1) taking control; 2) victim blame; 3) treating the victim differently; 4) distraction; and 5) egocentric behavior. Although this use of social support (positive vs. negative) can be found in the literature, it opposes the original conceptualization of the term "support." Support inherently carries with it a positive connotation, and implies behaviors that

are putatively helpful. Therefore, "negative support" appears self-contradicting. Although Ullman's language regarding social support is a weakness, her ideas regarding the separations of social behaviors is important and relevant. Therefore, this study will examine both supportive and unsupportive reactions to sexual assault survivors – what Ullman would term positive and negative social support.

Social support can also be defined in terms of available social support and perceived social support. Procidano and Heller (1983) were the first to clarify this distinction in a study involving 105 undergraduate participants. They defined available social support as the social networks or "social connections provided by the environment that can be assessed in terms of structural and functional dimensions" (p. 2). They defined perceived social support as "the extent to which an individual believes that his/her needs for support, information, and feedback are fulfilled" (p. 2). Although perception is reliant upon availability, this distinction is important. Although an individual may have several people and services available to them, they may actually perceive less social support than someone that has just a few close friends that he or she can turn to. Because of this distinction, it is important to take into account the research question when deciding which form of social support to measure.

Importance of social support in recovery from rape. A review of 13 studies by Ullman (1999) generated unclear results – although some of the studies showed a positive effect of social support, others showed no significant effects. Davis, Brickman, and Baker (1991) found that "unsupportive behavior, but not supportive behavior," (p. 443) was significantly associated with subsequent victim adjustment. This was replicated in a study by Campbell, Ahrens, Sefl, Wasco, and Barnes (2001), who showed that for 102 rape victims, positive social reactions contributed little to their recovery, whereas negative reactions were related to hindering their recovery.

Ullman (1996) also found emotional and tangible support unrelated to victim adjustment in a sample of 155 female sexual assault victims. Littleton and Breitkopf (2006), in a large female university sample, showed that rape victims who receive negative reactions from support providers were more likely to engage in avoidance coping than those who did not. In addition, these victims often felt compelled to provide support to their significant others, which can be even more detrimental to their recovery by draining them of further resources. Anderson and Lyons (2005) demonstrated in a male and female sample, that rape victims who received social support were less likely to be blamed for the rape than those who had lower levels of social support. Popiel and Susskind (1985) found that the amount of support received did not affect the psychological outcome in a small sample of 25 sexual assault victims.

Many researchers have concluded that perceived social support may be more important than actual social supportive behaviors provided in the aftermath of rape (Yap & Devilly, 2004). Filipas and Ullman (2001) reported that similar behaviors of significant others were perceived differently by victims. For example, controlling behaviors (such as following the victim around) were seen as negative by some victims, but positive by others. Campbell et al. (2001) also found that victims tend to agree on what social supportive behaviors are positive, but often disagree on what behaviors are negative. Piper (2005) also explains how perceptions are important in regard to social support and stressors. Her meta-analysis demonstrated a negative relation between social support and stressor magnitude; she conjectured that an individual who experiences many stressors may not perceive herself as receiving support, or may not see others' behaviors as supportive. Therefore it would appear that those with more stressors have (or at least perceive) less social support.

Social support from significant others. Contradictory information exists regarding the importance of specific support providers in the aftermath of rape. Whereas female support providers tend to consistently show supportive and concerned behaviors, male support providers vary greatly on their supportive responses. Although the majority of males are concerned when a loved one is harmed, they also display behaviors of anger and blame (Golding et al., 1989). Davis and Brickman (1996) examined social support ratings by crime victims and their primary significant other. They found that 42% of the victims identified a male (romantic partner, family member, or friend) as her primary significant other. They found no differences between victims' perceptions of male and female supportive behavior, except that men exhibited more unsupportive behavior than women. Popiel and Susskind (1985) found that girlfriends were reported as the most supportive significant others, whereas husbands/boyfriends came in second.

Shimp (2000) found a different pattern. Victims reported fathers as the most helpful support providers; no overall differences existed between males and females on helpfulness. Baker, Skolnik, Davis, and Brickman (1991) showed that husbands expressed fewer negative behaviors toward the victim than female friends or boyfriends in a sample of 233 survivors of violent crime. Finally, Frazier and Burnett (1994) showed that a male may be one of the first individuals to whom a victim reveals her assault. Sixty-seven female rape victims were asked to list up to nine specific people to whom they revealed their rape within three days after the assault. They reported boyfriends most frequently (57%), followed by mothers (54%), and female friends (49%). Collapsing all categories, men were listed as frequently as women. However, victims' ratings of supportiveness showed that women were rated as significantly more supportive than the men.

Most studies of males' support of female rape victims have done so via reports from the rape victims. No study to date has examined the proportion of college males who report providing social support to a female rape victim. Therefore, this study will assess the frequency of males who provide such social support, and provide comparisons between those men who report supporting a rape victim and those who have not done so. Given the statistics on the large proportions of college women who have experienced a raped, and because previous data have shown that men are hearing about the occurrence of rapes, it was expected that a sizable proportion of males from a college sample would report providing social support to a rape victim.

Hypotheses

The purpose of this study was to explore the relations among rape myth acceptance, attitudes toward rape victims, sex role perception, and male social support toward an actual or hypothesized female victim of sexual assault. Hypotheses and research questions regarding these topic areas were formulated from the above literature review. It was hypothesized that:

1) Rape myth acceptance would not differ between males who have provided support to a rape victim and those who have not. Although it was expected that the majority of males in this study would endorse some rape myths, supporting these myths was not expected to have an impact on the ability to provide support to a rape victim, and therefore it was expected that the males in both groups would not show significant differences regarding rape myth acceptance. Borden, Karr, and Caldwell-Colbert (1988) showed that individuals who knew a rape victim did not differ on attitudes toward rape when compared to individuals who did not know a rape victim.

2) Attitudes toward rape victims would not differ between males who have provided support to a rape victim and those who have not. This also hypothesized that exposure to a rape victim would not alter attitudes and beliefs. Anderson et al. (1997) and Borden, Karr, and Caldwell-Colbert (1988) demonstrated that individuals who were exposed to a rape victim did not differ on attitudes towards rape when compared to individuals who were not exposed to a rape victim.
3) Those who have provided support to a rape victim would report more supportive behaviors than those who hypothetically reported support that they believe they would provide to a female rape victim. Males in the hypothetical situation were more likely to have their actions reflect their attitudes and beliefs, whereas those who have actually experienced providing support would report more supportive behaviors, regardless of their attitudes toward rape.
4) Those who reported high rape myth acceptance would report less provided social support than those with lower rape myth acceptance, but only in those who responded to a hypothetical situation. Therefore, the effective use of vignette studies to predict behavior in males would be brought into question. The range of attitudes and beliefs were expected to be similar among those who have provided support and those who have not. Therefore, one's attitude before being exposed to a rape victim would not have an effect on their behaviors; however, in the hypothetical situation, attitudes would be more likely to influence hypothetical behaviors.
5) Individuals in both groups who reported a supportive social network would indicate higher levels of provided social support to rape victims than those who reported a non-supportive social network. Individuals who felt more supported would be able to reflect

that support back to another individual, regardless of whether or not they had been in a support-giving situation.

6) Males who adhered strictly to stereotypical, masculine sex roles would have greater rape myth acceptance and more negative attitudes toward rape victims than those who had a more androgynous or feminine sex role. Johnson, Kuck, and Schander (1997) and Szymanski, Devlin, Chrisler, and Vyse (1993) demonstrated that individuals who hold a more masculine gender role endorse rape myths more often than those with a more androgynous gender role.
7) Males who adhered strictly to stereotypical, masculine sex roles would report providing more unsupportive behaviors and less supportive behaviors than those who had a more androgynous or feminine sex role. Although sex role has not been previously linked to social behaviors, it was predicted that a combination of attitudes and beliefs and gender role perceptions would predict supportive or unsupportive behaviors.
8) Males who adhered strictly to stereotypical, masculine sex roles would report a smaller social network than those who had a more androgynous or feminine sex role. Burda et al. (1984) found that individuals with a more androgynous and feminine sex role perceived more support from family than those individuals with a more masculine sex role.
9) Males who reported providing support to a female friend would report less negative behaviors than those who reported providing support to a female family member. Davis and Brickman (1996) have shown that male friend supportive behaviors are generally more frequent than male family member supportive behaviors toward rape victims. Male friends are more likely to show positive, supportive behaviors, whereas male family members are more likely to exhibit more angry, aggressive, negative behaviors.

10) Males who had experienced a traumatic event involving interpersonal violence would provide more support to a rape victim than those who had not. According to Feldman, Ullman, and Dunkel-Schetter (1998), individuals who saw themselves as similar to a victim would provide more social support. Therefore, males who had experienced a traumatic event would see themselves as more similar to the victim compared to those who had not experienced a traumatic event. Therefore, men with a trauma history were expected to provide more social support to women who had been raped.

CHAPTER 2

METHOD

Participants

Participants were recruited from undergraduate classes at the University of North Texas and received extra credit or fulfilled a class requirement for their participation. A total of 210 participants were initially recruited. All participants were males to satisfy the intent of the research questions. Five participants' data were excluded from analysis because of their incomplete nature or because of errors in administering the questionnaires. No other exclusionary criteria were used. Therefore a total of 205 participants were analyzed in the present study. Regarding ethnic/racial composition, approximately 66.8% of the sample was Caucasian (n = 137) and 15.1% was African American (n = 31). The remaining participants self-identified as mixed race/ethnicity (n = 17, 8.3%), Mexican American (n = 12, 5.9%), Asian American (n = 5, 2.4%), or international student/other (n = 3, 1.5%). These percentages are reflective of the student makeup of the University of North Texas and the general population.

Participants ranged in age from 18 to 44 (M = 21.38, SD = 4.365) with 87.8% of the population falling within the range of 18 to 24, the typical range of undergraduate students. All undergraduate college classifications were well represented, with 35.1% identifying themselves as freshmen, 26.3% identifying themselves as sophomores, 22.9% identified as juniors and 15.1% identified as seniors. One participant identified himself as "other." Eighty-two percent of the sample reported being single (n = 169), 10.2% identified themselves as committed/living together (n = 21), and 4.9% reported that they were married (n = 10). The other 2.4% identified themselves as "divorced" or "other" (n = 5).

Parental income and education was also assessed to determine the socio-economic status of the sample. About 10.7% of the sample (n = 22) had parental incomes of $30,000 or less per year, 11.2% of participants (n = 23) had parental incomes of $30,000 to $50,000, 46.8% of the sample (n = 96) had a parental income of $50,000 to $100,000, and 28.3% ($n$ = 58) had parents who made over $100,000 per year. Six participants did not provide their parental income.

Parental education was derived from the parent who had the highest level of education. More than a quarter of the sample (27.3%) had at least one parent with a graduate or professional degree, 37.6% of the participants had at least one parent with a degree from a 4-year college or university, 18% of the sample had a parent with an associates degree or some college education, 10.7% had one or both parents who completed high school, and 1.5% had parents who did not complete high school. Ten individuals did not provide information on parental education.

Materials

A demographics questionnaire (Appendix A), developed by the examiner, assessed background information regarding the individual, such as age, race/ethnicity, college classification, parental income, parents' education and employment, parents' marital status, personal marital status, and sexual orientation.

A revised version of the Social Reactions Questionnaire (SRQ) was used to assess the positive and negative social reactions provided to sexual assault victims. The SRQ was developed by Ullman (1996) as a 48-item self-report checklist to measures the social supportive behaviors that a female victim reports receiving after a sexual assault. The scale was constructed with information from the social support literature and information on negative social reactions. Unlike general scales assessing social support, the SRQ focuses on behaviors toward victims of

sexual assault, and can be used for victims of all types of rape. The SRQ consists of two subscales of positive support (emotional support/belief and tangible aid/information support) and five subscales of negative reactions (treat differently, distraction, take control, victim blame, and egocentric). The participant is asked to report on a five-point Likert-type scale ranging from 0 (never) to 4 (always) regarding how often they received the listed support from another individual. Sample questions include, "Encouraged you to seek counseling," and "Told you to stop thinking about it." Cronbach's alpha coefficients for the seven subscales range from .77 to .93, and test-retest reliabilities range from .64 to .80 (Ullman & Filipas, 2001). Validity of the original SRQ has been established in studies conducted by Ullman and others (Littleton & Breitkopf, 2006). Filipas and Ullman (2001) used the SRQ to measure the supportive behaviors that 323 sexual assault victims received from significant others. Results indicated that negative reactions were more commonly shown toward rape victims than positive reactions.

For purposes of the current study, the SRQ was revised to record the reported behaviors of significant others toward sexual assault victims. All 48 questions from the SRQ were utilized, but the wording was changed to accommodate for the responses of male significant others. For example, "Encouraged you to seek counseling" was changed to "Encouraged her to seek counseling," and "Told you to stop thinking about it" was changed to "Told her to stop thinking about it." Two introductory paragraphs for the measure were created – one (Appendix B) for those who had previously supported a rape victim and one (Appendix C) for those who had not. For those who did not have a significant other who had been raped, they were asked to report the amount of support that they believe they would provide if they knew a female significant other who was raped. The participant was asked to think of a significant other that he would be able to provide support to, and was asked to provide that person's initials and the relationship of that

person to himself. This was believed to help the participant focus on one individual, and use that same person in each scenario. Scoring was computed in the same way for both the actual and hypothetical participants' responses. Two questions were eliminated from scoring, as suggested in Ullman's (2000) factor analysis of the original SRQ measure. The remaining questions were divided into the seven subscale factors, and means for each subscale were computed. Means were also computed for positive and negative social reactions.

The Lifetime Involvement in Violent Events Survey (LIVES), developed by McGruder, Davidson, and Stock (1995), provided information about the amount of interpersonal trauma each participant had experienced over his lifetime. The LIVES measures both exposure to life threat and sex threat. Participants were asked to indicate the number of times (ranging from 0 to 9) that each event was directly experienced, witnessed, or heard about (excluding what they may have seen or heard about in the media). Categories of life threat events comprise 11 situations: held hostage, threatened with a gun, intentionally shot with a gun, threatened with a knife or sharp object, intentionally stabbed with a knife or sharp object, mugged, chased by a gang, severely beaten, car-jacking, murder, and military combat. The sex threat events comprise four situations: forced sex play, attempted rape, forced sexual intercourse, and forced sex acts. McGruder-Johnson et al. (2000) demonstrated the validity of the LIVES scale by comparing interpersonal violence exposure across gender and ethnicity and comparing those individuals on PTSD symptoms. The results indicated that African Americans are exposed to violent events more often than individuals in other ethnic groups, and their higher level of exposure explains their higher instance of PTSD symptoms. Several scores can be obtained from the LIVES questionnaire, including life-threat, sex-threat, witnessing an event, hearing about an event,

experiencing a traumatic event, and a total violent events score. All scores are calculated by summing subscale items.

After completing the LIVES questionnaire, subjects completed three subsequent questions, created by the examiner for this study (Appendix D). The first question asked if the participant knows a female sexual assault survivor. Then he was asked to identify his relationship to that person. Finally, in order to determine if the subject has provided social support to this victim, he was asked simply, "Were you in a position to provide support to this person in the aftermath of the event?" Those who responded "yes" were used as the group who provided social support to a rape victim; those who reported "no" were categorized as those who have not provided social support to a rape victim, but know a rape victim. Finally, those who responded no to the first question were not required to answer the following two questions and were categorized as individuals who do not know a victim of sexual assault.

The Attitudes toward Rape Victims Scale (ARVS; Ward, 1988) was used to assess positive and negative attitudes toward rape victims. This scale contains 25 items that address topics such as, "A raped woman is usually an innocent victim," and "Most women secretly desire to be raped." Participants were asked to rate questions on a 5 point Likert-type scale with 0 = *disagree strongly*, 1 = *disagree mildly*, 2 = *neutral*, 3 = *agree mildly*, and 4 = *agree strongly*. The answer responses were reversed for the positive responses, so that higher scores reflect negative attitudes toward rape and rape victims. Reliability as measured by Cronbach's alpha = .83. Ward (1988) demonstrated the validity of the ARVS by correlating it with the Attitudes toward Women scale. She found that the ARVS was highly correlated with this measure and appears to be a good measure of attitudes. Scoring the ARVS involves summing all items of the scale.

Burt's (1980) Rape Myth Acceptance Scale (RMA) was used to assess the participants' beliefs regarding rape and those involved in a rape episode. Participants responded on a seven-point Likert-type scale ranging from 1 (*strongly agree*) to 7 (*strongly disagree*) on the first 11 items. These items consist of beliefs about blaming the victim in a rape scenario and justifying rape. Items 12 and 13 asked the participant to give a response from five choices ranging from *almost none* to *almost all* regarding the percentage of victims who would falsely report rape. The last six items, rated on a five-point Likert-type scale, consist of classic stereotypes about certain groups of people and rape. These latter items asked the respondent to report how likely they would be to believe a certain person (e.g., "a white woman" or "your best friend") if they reported a rape. A reliability analysis for the entire scale resulted in a Cronbach's alpha of .875. The sample consisted of 598 individuals from Minnesota aged 18 and over (Burt, 1980). Validity of the RMA has been demonstrated by Margolin, Miller and Moran (1989). They explored gender differences in the adherence of rape myths and found that males were more likely to accept rape myths than females. Scoring the RMA scale consists of summing all items.

The Bem Sex-Role Inventory (BSRI; Bem, 1974) was used to measure the participants' self-reported gender role perception. Consisting of 60 adjectives (20 masculine, 20 feminine, and 20 neutral), the measure asked the participants to rate, on a seven-point Likert-type scale, how true each characteristic is in describing them. The scale ranges from 1 (*never or almost never true*) to 7 (*always or almost always true*). Sample adjectives include "aggressive," "compassionate," "independent," and "gentle." Original reliability analysis by Bem (1974) resulted in a Cronbach's alpha for Masculinity (alpha = .86) and Femininity (alpha = .82). Test-retest reliability for all three constructs over four weeks time was high (Masculinity = .90, Femininity = .90, and Androgyny = .93). Burda et al. (1984) used the BSRI on a group of 133

college students to study the relation between sex role and social support network. They found that feminine and androgynous individuals perceive significantly more social support than individuals with a masculine sex role. Because the BSRI was developed in the 1970s, and sex roles appear to have changed in modern society, Holt and Ellis (1998) conducted a study to determine if the measure was currently valid. Their results revealed that all but two of the 40 masculine and feminine items were validated, indicating that gender role stereotyping has not changed to a significant degree and that the BSRI is still a valid measure of sex role perceptions.

There are several different techniques for scoring the BSRI. The original Bem (1974) scoring method consists of calculating means for the items in the masculinity and femininity scales. Then, a difference score is recorded by subtracting the masculine mean from the feminine mean. Finally, a t-score is computed from the difference score by multiplying the difference score by 2.332. T-scores less than or equal to -2.025 were categorized as masculine, scores that fall between -2.025 and 2.025 were considered androgynous, and scores that are equal to or above 2.025 were categorized as feminine. Other alternatives include taking the highest one-third and the lowest one-third and comparing their scores, and assuming that these two extreme groups give a clearer picture of the masculine and feminine types (Lenney, 1991). However, a more common "median split method" has been shown to be useful, and may provide more information regarding a subject's high and low masculine and feminine scores (Lenney, 1991). This is the scoring procedure used in the current study. This method involves averaging the 20 items from the feminine subscale and the 20 items from the masculine subscale, and deriving two median scores that will be used to determine four Bem groups. Median scores can be derived from the scores of the sample being used. More common (and as is used in the present study), the critical values are median scores derived from one of the large normative samples collected by Bem;

these median scores were 4.89 for the masculinity scale and 4.76 for the femininity scale. Individuals' scores were classified as masculine if their masculinity score fell above the median and their femininity score fell below the median, as feminine if their femininity scores fell above the median and their masculinity scores fell below the masculinity median, as androgynous if both scores fell above the median score, and as undifferentiated if both scores fell below the median scores.

The Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure the respondents' perceived social support from different providers including friends, family members, and significant others. Originally created by Zimet, Dahlem, Zimet, and Farley (1988), the MSPSS is a 12-item measure that assesses general perceived social support on three different subscales – support provided by 1) friends; 2) family; and 3) significant others. The items are answered in a Likert-type fashion, ranging from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores indicate more perceived support. The Cronbach alpha reliability coefficients from a sample of university students were .94 for friends, .92 for family, and .93 for significant others. Clara, Cox, Enns, Murray, and Torgrude (2003) recently performed a factor analysis on the MSPSS and concluded that the three-factor model originally proposed, and recently debated, held up in the studied populations. According to work by Zimet et al. (1988), the "MSPSS has good factorial validity and has good concurrent validity, correlating with depression." There are three subscales of the MSPSS (friends, family, and significant other) and one total social support score. These scores are determined by calculating a mean for all items in the subscales, and a total mean of all items for a total social support score.

Procedure

A brief description of the study and its restrictions were posted on the SONA computer research system at the University of North Texas. Individuals in undergraduate psychology courses signed up for blocks of survey administrations.

After the students arrived at the appropriate site, they were given an initial copy of the informed consent. Confidentiality, along with the purpose, risks, and benefits of the study, were reviewed, and the participants were asked to sign the consent form. All participants gave consent to participate. After all consent forms were signed and collected, the first questionnaire was given to each subject, along with two stickers, which were to be placed in the upper right hand corner of each questionnaire part. The first survey was identical for each participant and consisted of the following measures: Demographics Questionnaire, Attitudes Toward Rape Victims Scale, Rape Myth Acceptance Scale, Bem Sex Role Inventory, Multidimensional Scale for Perceived Social Support, Lifetime Involvement in Violent Events Survey, and the Victim Relationship Questionnaire. After completion of the first questionnaire part, the participant then completed the second portion of the questionnaire packet, the Social Reactions Questionnaire-Significant Others, which consisted of two versions. Distribution of the second questionnaires was determined by the examiner based on the subject's response to the question "Were you in a position to provide support to this person in the aftermath of the event?" from the first questionnaire. Those who answered "yes" to this question were given the actual version of the Social Reactions Questionnaire-Significant Others, and those who answered "no" to this question were given the hypothetical version of the Social Reactions Questionnaire-Significant Others. After completion of the second questionnaire, each participant was debriefed and given a copy of the informed consent to take with him.

CHAPTER 3

RESULTS

Reliability Analyses

Reliability analyses were performed for each measure utilized in this study. Most measures used showed adequate to excellent reliability. The Rape Myth Acceptance Scale and the Attitudes Toward Rape Victims Scale both showed excellent reliability with Cronbach's alpha scores of .811 and .832 respectively. In addition, the Bem Sex Role Inventory showed adequate to excellent reliability for both subscales, with the masculinity scale having a Cronbach's alpha score of .87 and the femininity scale having a Cronbach's alpha score of .797. The perceived social support scale and all of its subscales demonstrated excellent reliability, with Cronbach's alpha scores of .858 for the family subscale, .925 for the friends subscale, .943 for the significant other subscale, and .914 for the overall social support scale. The LIVES questionnaire showed adequate to excellent reliability, with a Cronbach's alpha of .935 for the total LIVES scale, .930 for the lifethreat subscale, and .787 for the sexthreat subscale. The revised version of the Social Reactions Questionnaire, created by the researcher for this study, demonstrated excellent reliability for the positive subscales (positive social reactions = Cronbach's alpha of .877, emotional support = Cronbach's alpha of .824, and tangible support = Cronbach's alpha of .875), and adequate reliability for the negative subscales (treat different = Cronbach's alpha of .596, distraction = Cronbach's alpha of .777, take control = Cronbach's alpha of .584, victim blame = Cronbach's alpha of .554, egocentric = Cronbach's alpha of .673, and negative social reactions = Cronbach's alpha of .817). Item total statistics were computed for all measures and indicated that item deletion would not significantly improve the alpha coefficients for any of the scales.

Descriptive Data

The means and standard deviations of each measure and their subscales are presented in Table 1. Two- and three-group comparisons were computed for the sample. Two-group comparisons involved those who provided support to a sexual assault victim (n = 65) and those who reported that they had not (n = 140). Means and standard deviations for these two groups are presented in Table 2. For the three-group comparison, the group of participants who provided social support to a sexual assault victim remained the same, but individuals who received the hypothetical Social Reactions Questionnaire were divided into two additional groups. The three groups were defined as follows: 1) individuals who knew a sexual assault victim and provided support (n = 65), 2) individuals who knew a sexual assault victim and were not in a position to provide support (n = 55), and 3) individuals who did not know a sexual assault victim, and thereby did not provide actual support (n = 85). Means and standard deviations for the three-group comparisons are presented in Table 3.

Tests of a Priori Hypotheses

A series of analyses of variances, multivariate analyses of variances, and correlational analyses were used to test each hypothesis. An alpha level of .05 was used for all statistical analyses. When directional differences were hypothesized, one-tailed tests were used.

For hypotheses one and two, analyses of variance were performed to determine how rape myth acceptance and attitudes toward rape victims varied between individuals who had and had not provided support to a female sexual assault victim. It was hypothesized that no differences would exist between the dependent variables and the independent variable. For the first hypothesis, rape myth acceptance, as measured by Burt's Rape Myth Acceptance Scale, was

used as the dependent variable and two groups were formed for the independent variable – those who reported providing support to a sexual assault victim and those who had reported that they had not, whether or not they reported that they knew a sexual assault victim. The null hypothesis proposed was supported in this analysis. Individuals who had and had not provided support to a sexual assault victim did not differ on rape myth acceptance Means and standard deviations and specific ANOVA results are presented in Tables 2 and 4.

For the second hypothesis, attitudes toward rape victims, as measured by the Attitudes Toward Rape Victims Scale (Ward, 1988), was used as the dependent variable and the same grouping described above (provided/did not provide support) was used as the independent variable. The null hypothesis proposed was supported in this analysis also (see Tables 2 and 4). Individuals who had and had not provided support to a sexual assault victim did not differ on attitudes toward rape victims.

These hypotheses were re-tested on the three groups that emerged from the sample. No differences were found within any of these three groups on rape myth acceptance or on attitudes toward rape victims. Means and standard deviations, and specific ANOVA results of the three group analyses are displayed in Tables 3 and 5.

For the third hypothesis, analyses of variance were used to determine if individuals who have been in a position to provide support to a female would report more supportive behaviors, as measured by the revised Social Reactions Questionnaire, than individuals who have not been in the position to provide support and are responding to the hypothetical scenario. Analyses were conducted for positive subscales of the SRQ and the overall positive scale. Results did not support this hypothesis. Individuals who had and had not provided support to a sexual assault victim did not differ on any of the positive support subscales. After this initial analysis involving

the third hypothesis, two-tailed, non-directional analyses of variance were performed on the same variables to determine if differences existed in the non-predicted direction. Results indicated that those individuals who were responding to the hypothetical situation reported that they would act more supportively toward a sexual assault victim than those who reported actual supportive behaviors. This was true for both tangible and emotional support, and overall supportive behaviors. Specific results of this analysis are presented in Tables 2 and 4.

To determine if this association could be clarified further, the analysis was conducted on the three groups previously defined. This would determine if a difference existed between the subgroups within the group of individuals responding to the hypothetical situation. An analysis of variance was performed on all three groups for the three positive social support scales. Results did not support the original hypothesis. For a one-tailed test, those who provided support to a sexual assault victim did not show more supportive behaviors than the other two groups who responded to the hypothetical situation. As was explored with the original two groups, a two-tailed analysis of variance was performed to determine whether any significant differences exist among the three groups. Results indicated that there were significant differences for all three positive support scales (see Tables 3 and 5).

Duncan's range tests were then performed to determine where the differences exist in regard to the three groups. Those who did not know a sexual assault victim and were responding to the hypothetical situation reported that they would provide significantly greater amounts of tangible support and general positive support to a greater degree than individuals who knew a sexual assault victim and did not report support, and those who knew a sexual assault victim and provided support. In addition, individuals who knew an assault victim but were not in a position to provide support reported that they would provide more tangible and generally supportive

behaviors than individuals who provided support to a sexual assault victim. In regards to emotional support, results indicated that individuals who did not know a sexual assault victim reported in a hypothetical scenario that they would provide a significantly greater amount of emotionally supportive behaviors than individuals who actually did provide support to a female assault victim and those who knew a sexual assault victim but were not in a position to provide support.

For the fourth hypothesis, Pearson's product-moment correlations were computed to determine whether or not a correlation exists between rape myth acceptance and reported social reactions one did provide or hypothetically would have provided to a sexual assault victim. It was hypothesized that higher rape myth acceptance would be correlated with less supportive social supportive behaviors, but only for the hypothetical group. Results did not entirely support this hypothesis. Analyses were initially performed comparing the hypothetical group to the individuals who were reporting on actual behaviors. Rape myth acceptance negatively correlated with positive social reactions and positively correlated with negative social reactions for both groups. This indicates that what was hypothesized for the hypothetical group held true for both groups. However, there was one exception to this result. Although all subtests of the SRQ correlated in the hypothesized direction for the individuals in the hypothetical group, there were two subtests that did not correlate significantly with rape myth acceptance for the group that reported actual behaviors. These two were the positive subscale tangible support and the negative subscale egocentric behavior. These subscales did not correlate with rape myth acceptance, which may indicate some circumscribed support for the proposed hypothesis. However, the "egocentric behaviors" finding should be taken cautiously because of the low reliability of this subscale. Detailed results of this analysis are presented in Table 6.

To determine whether or not the "no support" group was actually better represented by two groups, rape myth acceptance was correlated with each SRQ subscale for each of the three groups referred to earlier. Results of the analysis are presented in Table 7. One significant difference emerged in this analysis. Individuals who knew a rape victim but did not provide support did not have a significant correlation between their rape myth acceptance and their egocentric behaviors. Again, because the subscale "egocentric behaviors" has comparatively low reliability, this finding should be interpreted cautiously.

For the fifth hypothesis, Pearson's product-moment correlations were computed to determine if the amount of social support a male perceives receiving from others would correlate with the amount of positive social support he would provide to a female sexual assault victim. All individuals were included in the initial analysis, and the hypothesis was generally supported. Individuals who perceive higher levels of social support (as determined by the total score from the Multicultural Scale of Perceived Social Support) from others show more supportive behaviors toward female sexual assault victims. However, when looking at specific supportive behaviors, perceived social support was correlated with general positive behaviors and emotional support, but was not correlated with tangible support. To further explore unsupportive behaviors, correlations were computed to determine if a negative correlation exists between perceived social support and unsupportive behaviors. This was not generally supported. Only one negative reaction subscale correlated negatively with perceived social support – treat differently. Because this subscale appears to have low reliability, this finding should be interpreted cautiously. All other negative scales were not correlated in any way with perceived social support. Specific results are displayed in Table 8.

Group differences were assessed as proposed, with correlations being performed on those who have provided social support to a sexual assault victim and those who responded to the hypothetical situation. Results were similar to the overall analysis and are presented in Table 8. Individuals' perceived social support total score correlated with supportive behaviors in both groups, but only for the general positive support scale and the emotional support scale. Again, tangible support did not correlate with perceived social support for either of these groups. One difference did exist in the group comparison – individuals who had provided support to a female sexual assault victim did not have any of the negative behavior scales correlated with their perceived social support, whereas those who had responded to the hypothetical situation had the "treat differently" subscale negatively correlate with perceived social support, as was reported for the entire sample analysis. It appears that this group accounted for the correlation that emerged from the entire sample. Again, because this subscale had generally low reliability, this finding should be interpreted cautiously.

To further assess group differences, correlations were performed on the three groups previously defined. Results showed some significant differences from the previous analyses. Whereas the groups who knew a victim and provided support and those who did not know a victim both had a perceived social support total that correlated with positive support and emotional support, individuals who knew a victim but did not provide support had perceived social support totals that did not correlate with any positive social support subscales. In addition, while those who knew a victim and provided support, and those who did not know a victim both showed similar results regarding the negative behavior correlations with perceived social support, those who knew a victim but did not provide support had perceived social support totals that negatively correlated with nearly all of the negative social behavior subscales, including

general negative behaviors, treated differently, distracted, took control, and victim blame. This may further support dividing all analyses into the three group comparison. Results of this analysis are presented in Table 9.

Before examining the next three hypotheses, sex role was explored in relation to its frequencies and uses in this population. Sex role is proposed by Bem (1974) to be used as a categorical variable. In order to categorize the current sample into sex role types, the median split method described earlier was used. Individuals are categorized as Feminine, Masculine, Androgynous, or Undifferentiated. Because the current sample is composed of all males, the median score used to calculate sex type was taken from Bem's normalized sample of males and females. Frequencies for sex type in the current sample are presented in Table 10.

Because three distinct groupings related to providing support to a sexual assault victim appear to exist, crosstabulations were performed on the three groups by sex role grouping (excluding undifferentiated) to determine if significant discrepancies occurred in how sex types are distributed through these three groups. A Chi-Square test indicated that there were no significant discrepancies between the number of individuals that would be expected to occur in each group and the actual number that did occur ($X^2(4) = 3.811$, $p = .432$).

For hypothesis six, a multivariate analysis of variance was used to determine if males who have a more masculine sex role would endorse more rape myths and have more negative attitudes towards rape victims than males who adhere to a more feminine or androgynous sex role. Participants who were categorized with an undifferentiated sex role were excluded from this analysis. Results indicated that there were no significant differences between masculine sex-typed individuals and individuals with more androgynous or feminine sex types. Therefore, the hypothesis was not supported (see Tables 11 and 12).

Because the scoring used to calculate sex typologies does not differentiate between high or low levels of masculinity or femininity, an analysis was conducted to determine if attitudes toward rape victims and rape myth acceptance were related to reported levels of masculinity and femininity. Pearson's product-moment correlations were computed to determine if any correlations between femininity and masculinity scores and rape myth acceptance and attitudes toward rape victims exist. Individuals with undifferentiated sex types were included in this analysis. Scores on the masculinity scale did not significantly correlate with attitudes toward rape victims. However, femininity scores did significantly correlate with attitudes toward rape victims in the negative direction, indicating that individuals with higher femininity scores reported less negative attitudes toward rape victims. Femininity scores were also negatively correlated with rape myth acceptance scores, indicating that males who endorse higher levels of feminine items endorse fewer rape myths. Masculine scores, however, did not correlate with rape myth acceptance. Results of this analysis are presented in Table 13.

For hypothesis seven, one-way ANOVAs were performed to determine if individuals with a more masculine sex type display more negative social reactions toward rape victims than individuals with more androgynous or feminine sex types. Again, individuals with an undifferentiated sex type were excluded from this analysis. Results of the analysis did not support this hypothesis. Individuals with a masculine sex type did not display significantly more negative social reactions toward rape victims than individuals with a more feminine or androgynous sex type. Results are shown in Tables 11 and 12.

Again to examine sex type from a more continuous rather than categorical point of view, Pearson's product-moment correlations were computed to determine if individuals who endorse higher levels of masculine items or lower numbers of feminine items would endorse more

negative reactions toward sexual assault victims. Individuals with an undifferentiated sex type were included in this analysis. Results indicated that masculine items did not correlate with any of the positive or negative social reaction subscales. However, for the feminine scale, the emotional support scale and the general positive support scale did significantly correlate with feminine scale scores. Individuals with higher feminine scores provided more emotional support and more general positive social support than individuals with lower feminine scores (see Table 13).

For hypothesis eight, one-way ANOVAs were performed to determine whether or not individuals with a more masculine sex typology would report less perceived social support than individuals with a more feminine or androgynous sex type. Individuals with an undifferentiated sex type were excluded from this analysis. The proposed hypothesis was partially supported. To determine differences between the three groups, Duncan's range tests were performed. Individuals with an androgynous sex type reported significantly more friend support and more support from a significant other than individuals with a masculine and feminine sex type. In addition, individuals with an androgynous sex type reported more perceived total social support than individuals with a masculine sex type. However, individuals with a feminine sex type did not significantly differ from individuals with a masculine sex type on any of the perceived social support subscales. Results of the analysis are presented in Tables 11 and 14.

Pearson's product moment correlations were also computed on the variables involved in this hypothesis to determine if masculine and feminine items would be correlated with perceived social support. Individuals with an undifferentiated sex type were included in this analysis. Both masculine and feminine scales positively correlated with total perceived social support, significant other support, family support, and friend support, indicating that the more masculine

or feminine items that were endorsed, the higher perceived social support they are reporting (see Table 13).

To determine if victim relationship to the support provider plays a part in the amount and type of social support they will receive, participants were asked to indicate the relationship of the actual or hypothetical victim to themselves. Frequencies for these results are presented in Table 15. A chi-square calculation found no significant differences between the three groups on victim relationship ($X^2 = 4.490$, $p = .106$.) For hypothesis nine, a one-way ANOVA was performed to determine if relation of the victim to the support provider determines the type of support the provider will give to the victim. It was hypothesized that males who provided support to a female friend would report less negative behaviors and more positive behaviors than individuals who provided support to a female family member. To begin, this analysis was performed on those who actually provided support to a sexual assault victim. Female acquaintances and the group "other" was excluded from analysis. A group "female friend" was created and compared to the group "family" which consisted of girlfriends, wives, mothers, sister, and other female family members. There were no differences between these two groups on social reactions, and therefore the hypothesis was not supported. Means and standard deviations, and results of the ANOVAs are presented in Tables 16 and 17. The second part of the hypothesis involved comparing individuals responding to the hypothetical situation using a one-tailed ANOVA. Again, the "female friend" group was compared to a "family" group composed of girlfriends, wives, mothers, sisters, and other female family members. Female acquaintances and the "other" group were excluded from the analysis. The hypothesis was partially supported for this group (see Tables 16 and 17). Although no positive behaviors were related to relation of the victim, the negative scales "take control" and "egocentric behaviors" were significantly higher for the

family group than for the friend group. This may indicate that individuals are more likely to predict that they would engage in these negative reactions when the victim is a family member, as compared to when it is a female friend. However, because of low reliability results concerning these two subscales, these finding should be interpreted cautiously.

For hypothesis ten, a one-way ANOVA was performed to determine if individuals who reported experiencing interpersonal violence would provide more supportive behaviors to sexual assault victims than individuals who had not experienced interpersonal violence. The LIVES subscale "happened to you" was used as the independent variable for this analysis. Frequency analyses showed that of the 205 individuals in the sample, 132 had personally experienced one or more interpersonal traumas. The dependent variables were the SRQ positive and negative subscales. The hypothesis was not supported in this case. There were no significant differences between individuals who have and have not experienced interpersonal trauma on behaviors they would or did provide to a sexual assault victim. Means and standard deviations, and results of the ANOVAs are presented in Tables 18 and 19.

To further explore the relation between interpersonal violence and supportive or unsupportive behaviors, two-tailed ANOVAs were performed separately for the three groups previously defined. Results did not indicate any significant differences between individuals who have and have not experienced interpersonal trauma (see Tables 18 and 19).

Exploratory Analyses

To assure that no errors were made in data entry, box and whisker, and stem and leaf plots were analyzed for all variables. All variables appeared to have a valid range of scores. In addition to the analyses performed on each hypothesis, one-way ANOVAs were performed to

determine if unpredicted differences exist between sample groups on demographic variables. The first variable to be explored was age. Age is negatively correlated with rape myth acceptance ($r(205) = -.264$, $p = .000$) and attitudes toward rape victims ($r(205) = -.236$, $p = .001$). Older individuals endorse less rape myths and have less negative attitudes toward rape victims than younger individuals. This was also believed to be related to education. Age and education were directly correlated in this sample ($r(205) = .554$, $p = .000$). In addition, a separate analysis showed attitudes toward rape victims ($F(3, 200) = 4.846$, $p = .003$) and rape myth acceptance ($F(3, 200) = 3.986$, $p = .009$) were related to education, as measured by college classification. Age was also negatively correlated with negative social reactions toward sexual assault victims. Specifically, older individuals report less of the following negative reactions than younger individuals: "egocentric behaviors," ($r(205) = -.164$, $p = .019$), "treat differently," ($r(205) = -.141$, $p = .044$), "distracting behaviors" ($r(205) = -.209$, $p = .003$), and general negative reactions ($r(205) = -.190$, $p = .006$). In addition, the three groups used in several comparisons in this study significantly differed in age. A significant difference exists between those who knew a sexual assault victim but did not provide support and those who did not know a sexual assault victim. Those who knew a sexual assault victim but did not provide support ($M = 22.47$, $SD = 4.99$) were significantly older in age than those who did not know a sexual assault victim ($M = 20.45$, $SD = 3.55$; $F(1, 138) = 7.863$, $p = .006$).

When comparing the sample on race/ethnicity, Chi-square analyses were performed to determine if any "race/ethnicity" category was over-represented in any of the groups involved in analyses. The groups tested were the groups indicating support provided and the Bem sex role groups. The only race/ethnicity classifications used in this analysis were "Caucasian (non-hispanic)" and "African American" because of the low frequencies of the other classifications.

Results indicated that no race/ethnicity was over-represented in any of the three support groups ($X^2(2) = .054$, $p = .777$). All assumptions for normality were met. A Chi-square was then performed for race/ethnicity by Bem sex role group. Results indicated that no race/ethnicity was over-represented in any of the four Bem sex role groups ($X^2(3) = .600$, $p = .897$). An analysis was also computed comparing all dependent variables used in this study by race/ethnicity. Results indicated that African American males have experienced more life threat ($F(1, 166) = 9.194$, $p = .003$) and more overall violent events ($F(1, 166) = 8.425$, $p = .004$) than Caucasian individuals. In addition, Caucasian individuals report more social support from a significant other ($F(1, 166) = 6.218$, $p = .014$) and Caucasian individuals are less likely to try to distract a female victim as a form of social support ($F(1, 166) = 4.893$, $p = .028$) when compared to African American individuals.

The fourth Bem group, undifferentiated type, was originally excluded from most analyses. To determine if this group held any significance, analyses that were performed in the hypotheses were again computed using the undifferentiated group. Individuals with an undifferentiated sex type reported significantly less family ($M = 5.00$, $SD = 1.38$; $F(1, 113) = 20.492$, $p = .000$), friend ($M = 5.13$, $SD = 1.28$; $F(1, 113) = 19.506$, $p = .000$), significant other ($M = 4.85$, $SD = 1.58$; $F(1, 113) = 14.400$, $p = .000$), and total ($M = 4.99$, $SD = 1.20$; $F(1, 113) = 20.119$, $p = .000$) perceived social support than individuals with an androgynous sex type and significantly less family support than individuals with a feminine sex type ($M = 5.80$, $SD = 1.20$; $F(1, 72) = 11.533$, $p = .011$). Undifferentiated types also reported more rape myth acceptance than individuals in the feminine ($F(1, 72) = 7.705$, $p = .007$) and androgynous ($F(1, 113) = 4.975$, $p = .028$) groups. Regarding social reactions to sexual assault victims, the undifferentiated sex type provided less emotional support ($F(1, 113) = 4.451$, $p = .037$) and more “treated

differently" behaviors ($F(1, 113) = 4.860$, $p = .030$) than individuals with a more androgynous sex type, and less "treated differently" behaviors than individuals with a masculine sex type ($F(1, 98) = 5.469$, $p = .021$).

Trauma variables were also explored in more depth. The trauma variables from the LIVES questionnaire were compared among those who did and did not provide support to a sexual assault victim. For total LIVES scores, individuals in the "support provided" group experienced, witnessed, or heard about significantly more violent events than individuals who had not previously provided support to a sexual assault victim ($F(1, 203) = 31.942$, $p = .000$). They also experienced, witnessed, or heard about significantly more life-threat events ($F(1, 203) = 24.211$, $p = .000$), and sex-threat events ($F(1, 203) = 42.946$, $p = .000$).

CHAPTER 4

DISCUSSION

A Priori Hypotheses

The findings of the present study have several implications for the sexual assault and social support literature. The initial premise of this study was to determine whether or not attitudes correspond to behavior, and to determine whether or not hypothetical scenarios accurately correspond to how individuals respond, or if actual behaviors differ from what individuals think they would have done in a similar situation. Most of the research is unclear as to whether or not attitudes predict behavior (Cook & Rumrill, 2005; Fishbein, Hennessy, Yzer, & Douglas, 2003), and studies have shown that several factors are involved in determining whether or not attitudes and beliefs actually predict behavior (Terry, Hogg, & McKimmie, 2000).

The initial intent of this study was to compare males who knew a rape victim and those who did not on several factors. However, a research question was added after the initial proposal, "Were you in a position to provide support to this person in the aftermath of the event?" and this changed the course of the research study. This question was intended to give the researcher limited information and was not expected to have the impact it did on the current research. When the sample was analyzed, it was discovered that a third group arose from the data, providing the researchers with an interesting avenue to explore. Does knowing a sexual assault victim and not being in a position to provide support make one different from individuals who actually did support someone, or from those who did not know a rape victim at all? How this third group impacted the data will be discussed throughout this section.

The first two research questions concerned the hypotheses that rape myth acceptance and attitudes toward women would not differ between individuals who were in a position to provide

support to a sexual assault victim and those who were not. The null hypothesis proposed was based on previous research in this area (Borden, Karr, & Caldwell-Colbert, 1988; Anderson et al., 1997). The current findings supported these hypotheses. This implies that knowing a sexual assault victim or providing support to one does not influence acceptance of rape myths or attitudes toward rape victims. Attitudes and beliefs appear to remain constant regardless of one's exposure to events that would be believed to change these attitudes and beliefs.

The third hypothesis examined how individuals who have and have not been in a position to provide social support to a sexual assault victim would differ on supportive and unsupportive behaviors. It was hypothesized that individuals who have been in a position to provide support would provide more supportive behaviors than those who were not in the position to support a rape victim. Although these individuals did not differ as hypothesized, there were differences that did emerge. Those in the hypothetical situation actually provided more positive support to the hypothetical victim than those who responded to an actual victim. There are several reasons why this may be true. First of all, these individuals may have high expectations as to how they would perform when met with a crisis situation. As is often shown in social psychology, individuals often believe and would predict that they would provide support when someone is in trouble. However, many different studies have shown that this is not always the case. Bystander effects often take place and individuals believe that other people will be the ones to provide help (Brehm, Kassin, & Fein, 2005). Another possibility is that the males who were actually confronted with this situation may have been adversely affected by this event themselves, which would take away from their resources and put them in a less likely position to provide support. Misconceptions about how to provide social support may have also occurred. Although it is easy for the victims to know, and for the researchers to hypothesize, what types of support would be

helpful, male individuals may feel helpless in this type of situation and may have had difficulty knowing what type of support is needed. It may have been easier for those in the hypothetical situation to say yes to specific behaviors they would have provided because they were not aware of the feelings and emotions that are associated with an actual sexual assault. They may have believed that they would not be personally affected by the event, and would have greater resources to deal with the event and provide help to others.

Individuals who did not know a sexual assault victim reported that they would provide greater amounts of tangible support and general positive support than those who knew a victim but did not provide support, and those who knew a victim and provided support. In this case, just knowing a rape victim appears to reduce the amount of support one thinks that he would provide. Especially in the case of tangible support, individuals who do not know a rape victim and are not familiar with how individuals in those situations react and how the event is perceived by others may not be able to predict accurately the amount of support they would provide. Individuals who do not know a rape victim may falsely believe that every rape victim reports the assault and receives treatment from the hospital, and therefore predict they would help them with that if it was their loved one that was in that position. However, sexual assault statistics (CDC, 2002) prove that this is not the case and align well with the actual behaviors reported by those who provided support. Victims rarely report the assault to the police and rarely choose to go to the hospital. One hypothesis is that women do not seek these services because males have difficulty providing support regarding these behaviors when actually presented with the event. Another possibility is that males provide less supportive behaviors than they would predict because females do not desire to receive tangible support and may isolate themselves from the support providers. In this case, males may desire to provide the support, but respect the female's decision

to not seek tangible services and bring more attention to the rape. There are many negative and false perceptions of rape that exist in society, as shown by males' attitudes and beliefs about rape and rape victims in this sample. Therefore, it is possible that when encountered with this situation, males are more likely to engage in behaviors that reflect their attitudes and beliefs about rape and rape victims rather than what they would predict in a hypothetical scenario. When comparing the two groups that do know a rape victim, individuals who were not in a position to provide support report that they would provide more positive emotional support than individuals who were actually in the situation to provide support. Again, these individuals, although they have a better idea of what a rape victim goes through, may not be able to truly predict how they would react because they are not able to be present in the environment and experience the interactions that take place. They may also believe that they would do a better job than the individuals that were actually there to provide support, and thereby may overestimate the support they would provide. Because most of these individuals did not provide support because they were physically not able to, they may underestimate the difficulties involved in providing support to this population.

The fourth hypothesis examined the relation between rape myth acceptance and supportive and unsupportive behaviors. It was predicted that rape myth acceptance would negatively correlated with positive social reactions, and positively correlated with negative reactions, but only for the hypothetical group, based on the relationship predicted to occur between attitudes and behaviors in the previous hypothesis. However, this hypothesis mostly held true for both groups. This, in conjunction with the first hypothesis, provides further support that attitudes and behaviors can correspond to responses and behaviors, but events related to the attitudes and behaviors may not change these attitudes and beliefs after the event. However, there

were two subscales that did not follow this trend for the group that reported actual behaviors. Those two were tangible support and egocentric behaviors. These two subscales are related to the previous discussion on how individuals who are not in the position to know how the victim will react may overestimate the amount of tangible support that they will provide. Individuals who do provide support seem to be providing the same amount of tangible support regardless of their beliefs about rape. The likelihood is that individuals with high and low rape myth acceptance provide little tangible support. Again, this can be seen in the current statistics on the number of women who receive services from hospitals, counselors, and report the rape to the police (CDC, 2002). Regarding egocentric behaviors, males may predict that they will not be affected by the event, and may predict their egocentric behaviors based on their prior beliefs and attitudes. However those who encounter the rape situation realize how much they are personally affected and may not respond in accordance with their attitudes.

When the three group comparison was performed, one divergent result emerged. Individuals who knew a sexual assault victim but did not provide support did not have their egocentric behaviors correlate with their rape myth acceptance. This may agree with the previous statement on egocentric behaviors. Individuals whom are familiar with the individuals the sexual assault event can affect may be more likely to respond differently from their attitudes. These individuals, even though they were not present to provide support, may feel personally wronged by the situation and may realize that their resources are being affected by the event, and therefore they themselves may need support.

Hypothesis five examined the relationship between perceived and provided social support. For the entire group, perceived social support did correlate with general supportive behaviors and emotional support. However, it did not correlate with tangible support. Again

tangible support seems to have some divergent meaning in this population. Tangible support is rarely received or sought out in this population and this may account for these results. This same result held true when comparing those who have and have not provided actual support. When examining the three group comparison, only those who provided support to a sexual assault victim and those who did not know a sexual assault victim had perceived social support totals that correlated with positive social reactions. For those who knew a victim but did not provide support, their perceived social support did not correlate with their provided support. One explanation for this is that individuals in the latter group may be more likely to predict what behaviors would be useful and do not have to rely on modeled behavior to make judgments about the support they would provide. It may be an enactment of the phrase "hindsight is 20/20." They are now aware of the support that would be helpful to a sexual assault victim, because they may have talked to the individual they know and received information about what that person observed from others that provided support to her. Unlike individuals who actually provided behaviors without having this hindsight, and those who do not know a sexual assault victim, and therefore may not know how to respond, these individuals have greater insight into what is needed by the victim, and therefore their positive behaviors did not correlate with their perceived social support, or what they have learned from others. Another possibility is that there may be some other variable not accounted for in this study that could explain this difference. Perhaps there is some variable that is accounting for why these individuals did not provide support that is not measured here that could account for the absence of perceived social support in predicting behaviors.

Unsupportive behaviors were also explored in their relation to perceived social support. Results varied between groups. Overall, only one unsupportive behavior subscale negatively

correlated with perceived social support – treat differently. One explanation for this finding is that individuals who receive great amounts of social support are more likely to understand how it feels to be treated differently in a crisis situation, and may be less likely to enact this behavior on others. On the other hand, individuals who are not being supported may not understand the negative impact treating someone differently can have on them. Another explanation is that individuals learn behavior from what they perceive, and individuals who perceive low levels of social support may actually be receiving unsupportive behaviors and may enact these behaviors. When comparing negative reactions between the three support groups, individuals who responded to the real scenario and those who did not know a sexual assault victim and responded to the hypothetical scenario had similar results to the entire group analysis. Only the "treat differently" scale correlated with perceived social support. However, the other group differed greatly. Perceived social support for this group negatively correlated with general unsupportive behaviors, treat differently, distracted, took control, and victim blame. This difference is more difficult to explain and may be accounted for by other variables not explored in this study. Another possibility is that these people did not receive feedback from the person they knew regarding negative behaviors, as they did for supportive behaviors, and therefore they used their learned behaviors, or perceived social support to predict how they would respond.

Sex role was explored in two ways for hypotheses six, seven, and eight – using categorical and continuous variables. On one hand, the current sample appears to be a good representation of sex role types, as defined by Bem and the median-split method. However, this determination of sex role appears to have few relations to the variables explored in this study. Sex role was not shown to relate to rape myth acceptance, as shown by Johnson, Kuck, and Schander (1997) and Mullikan (2006). It was also unrelated to negative attitudes toward women

and provided supportive or unsupportive behaviors. This is contrary to the findings of Anderson and Lyons (2005) who found that males gender role mediated their supportive behaviors toward women. However, individuals with a more androgynous sex type reported significantly more perceived social support than individuals with a masculine or feminine sex type, and androgynous individuals reported more support from family than masculine individuals. This agrees with the results of Burda, Vaux, and Schill (1984) who showed that individuals with more feminine or androgynous sex types receive more social support than masculine individuals. One explanation of this may be that individuals with an androgynous sex type may be better able to relate to both men and women, because they are reporting higher levels of both masculine and feminine traits, and therefore would receive social support from both sexes to a greater degree. Males with a more masculine sex type may receive less support from female individuals and individuals with a feminine sex type, while males with a more feminine sex type may have difficulty relating to males and receiving support from individuals with a more masculine sex type. An alternative measure of sex role and its relation to variables in this study involved using masculine and feminine scores as continuous variables. The femininity score correlated negatively with rape myth acceptance and attitudes toward rape victims, and positively with emotional support, general positive support, and perceived social support. The masculinity score also correlated with perceived social support. Individuals with more feminine traits may be better able to relate to women and may be more aware of rape myths than those with lower feminine scores. This can be seen in studies by Szymanski, Devlin, Chrisler, and Vyse (1993), Truman, Tokar, and Fischer (1996), and Simonson and Subich (1999). They are likely able to develop close relationships with women and may be more empathic to crises women encounter, such as rape. In regards to perceived social support, individuals with higher femininity and

masculinity scores are more likely to be categorized as androgynous, and as discussed previously, these individuals may have an easier time relating to individuals of both sexes and sex types. Males who score low on one or both of these scales may have difficulty relating to anyone, and may have low confidence in their abilities or personality, causing them to isolate themselves from others.

Hypothesis nine explored the relation between relationship of the victim to the supporter and the types of social support that would be provided. For individuals who actually provided support to sexual assault victims, supportive and unsupportive behaviors did not differ by relationship of the victim. However, for individuals responding to the hypothetical situation, negative behaviors appear to be related to the relationship of the victim. They predicted that they would "take control" and show more egocentric behaviors toward family members than friends. Individuals may be predicting that they would easily be able to distance themselves from a friend relationship and the assault would not affect them as much. However, with family, these individuals predict that they would be more personally affected by the assault and may feel that taking control for the victim would be helpful. Nevertheless, this thought process does not seem to occur within the group that provided support. Another explanation may be that individuals who hypothetically provided support to a friend or family member had a closer relationship with this person because they were able to choose whom they wanted to provide support to. The relationship of the victim to the person who provided support may have been more variable, because they did not get to choose whom they would provide support to. Therefore, the effects seen in the hypothetical situation were not evident in the actual situation because the relationship levels were different. These finding support the hypothesis proposed by Williams, Barclay, and Schmied (2004) that context is important in studying social support.

Finally, for hypothesis ten, experiencing interpersonal violence was expected to relate to supportive and unsupportive behaviors provided to sexual assault victims. However, these variables were not related in the entire sample, nor were they related in the three group analysis. These findings are contrary to those proposed by Feldman, Ullman, and Dunkel-Schetter (1998), who showed that individuals who see themselves as similar to a victim will provide more support. However, how the hypothesis was measured may have had a result on the outcome. Experiencing violence was used as a categorical variable so that individuals with one trauma or nine traumas were placed in the same "trauma" category. Using this variable as a continuous variable may have resulted in the hypothesized results. However, it is possible that the current finding is accurate. This would indicate that previously experiencing an act of interpersonal violence does not affect how one will provide support. It is possible that isolating sexual experiences may have indicated an effect, and the traumas reported may have been too different from sexual assault to yield results.

Exploratory Analyses

Age and race/ethnicity were explored to determine if they were related to any of the variables used in this study. Age was shown to be negatively correlated with rape myth acceptance and attitudes toward rape victims. Older individuals report less negative attitudes toward rape victims, and endorse fewer rape myths than younger individuals. Clear interpretations of this finding cannot be determined from this study; however, there are two interpretations that may explain this finding. One possibility is that as individuals age and gain more experience, they may find examples of rape myths that are falsified. This allows them to change their attitudes and beliefs in relation to these experiences. In addition, this may support

the hypothesis that rape myth beliefs develop at an early age. As individuals mature, they realize that these beliefs are not true in every case and are able to judge a case by its individuals' characteristics. More education, which is directly related to age in a college sample, may also be related to less belief in rape myths and more positive attitudes toward rape victims. This was confirmed by comparing rape myth beliefs and attitudes toward rape victims by college classification. As individuals gain more education about social issues, their acceptance of rape myths decreases. The education and age effect for rape myth acceptance and attitudes toward women has been shown in numerous other studies (Kassing, Beesley, & Frey, 2005; Johnson, Kuck, & Schander, 1997; Anderson, Cooper, & Okamura, 1997; Burt, 1980). Another possibility is that there may be a cohort effect in place. It may be that individuals in the older cohort received better education regarding rape myths that the younger generation. It is possible that an effective rape education program was in place for the older cohort that was later abandoned by the educational system and not applied to the younger generation. This possibility, if true, would be disturbing and indicate that society's attention to rape education is declining.

When comparing the sample on race/ethnicity, results indicate that African American males experience more life threat and overall violent events than Caucasian males. This result was also found in a study by McGruder-Johnson et al. (2000) using the LIVES questionnaire. Caucasian individuals reported more perceived social support from significant others and provide less distracting behaviors toward a sexual assault victim than African American individuals in this sample. Perceived social support does appear to differ by race in other studies. Although there was one significant difference for supportive and unsupportive behaviors, males of different ethnicities appear to respond similarly to sexual assault victims. The result of "distracting behaviors" being different may be a result of how individuals perceive these

behaviors. African American individuals may feel that these behaviors are more helpful than Caucasian individuals, and that may account for why differences exist. However, this cannot be firmly concluded from this study.

Undifferentiated sex role types were included in exploratory analysis to determine if they compose a unique group that may add something to the findings in the hypotheses. These individuals are reporting significantly less perceived social support than the others groups. One reason this may be true is because individuals with an undifferentiated sex role may be low responders, and may tend to interpret all scales at a more stringent level, and provide lower scores across all measures. On a Likert scale, a seven for other individuals may be a five for these individuals. They are reporting personality traits below the mean on both feminine and masculine items, indicating that they may be reluctant to endorse higher items. Another possibility is that individuals who report low levels of feminine and masculine traits may have difficulty relating or communicating with both males and females, and as a result, may actually perceive and receive less social support from others. Undifferentiated types also report more rape myth acceptance than feminine and androgynous groups. This may also indicate a leaning toward negative responding in this group. These individuals may have a more negative outlook on the world, and may respond in more negative ways to measures on attitudes and beliefs. Also, their lower levels of perceived social support may be because they have more negative attitudes, which makes it difficult to relate to others and keep social support providers. They also reported significantly less emotional support to a sexual assault victim and more "treated differently" behaviors than androgynous types, but their "treated differently" scores were lower than those of a masculine sex type. This again agrees with the premise that these individuals have lower levels of perceived social support and are thereby less supportive in their own behaviors. They may be

more like their masculine counterparts on many of their behaviors. Similarities between masculine and undifferentiated sex types were noted by Burda, Vaux, and Schill (1984).

Individuals who actually supported a sexual assault victim experienced, witnessed, or heard about significantly more interpersonal violent events and experienced more life threat and sex threat than individuals in the no support hypothetical group. One possible explanation for this difference is that individuals who have experienced a traumatic event may be more likely to be told about a sexual assault because the individual who experienced the sexual assault felt like they could better understand her situation. Another possibility is that individuals who experienced a traumatic event are more likely to provide support when compared to those who know a victim but did not provide support.

Clinical Implications

The results of this study have clinical implications for the treatment of rape victims and their significant others. Individuals who seek psychological treatment in the aftermath of the sexual assault may be receiving unsupportive behaviors from their significant others. Therefore it is important to educate these individuals about the range of reactions that exist in the male population, and to let them know that although these behaviors are detrimental to the victim's health. It is also important for clinicians to recognize the effects that the rape scenario has on individuals who are in a position to provide support to a sexual assault victim. These individual may feel personally wronged and may be needing support themselves. It may be important that clinicians recommend support for the entire support group, rather than just focusing on the victim. This information may also be important for sexual assault nurses and rape crisis center advocates who provide support to rape victims and their loved ones directly after the event.

Dispelling rape myths with the family directly after the event, and providing information on supportive and unsupportive behaviors may be crucial at this junction of providing support.

In addition, results of this study hold important information in the education of males regarding rape myths and attitudes toward rape victims. It may be important to educate young individuals, especially males, perhaps as young as high school, about the likelihood of them encountering a rape victim in their lifetime and the likelihood that they will be called upon to provide support. Educating them about the supportive and unsupportive responses that may occur would be helpful in preparing them in the event that they are in a position to provide support. In addition, it was shown in this study that rape myth beliefs are associated with supportive and unsupportive behaviors. Therefore it is important to educate young males about these attitudes, and attempt to alter these attitudes before they encounter a rape victim, thereby hoping to increase their positive, and decrease their negative behaviors towards that person.

Because supportive or unsupportive behaviors differed between those who have supported a sexual assault victim, those who do not know a sexual assault victim, and those who know a sexual assault victim but did not support that person, the information in this study could be helpful in educating those who have yet to support a sexual assault victim. It is important that young men who have yet to encounter a rape victim understand that their current attitudes could influence their behavior, or that their current beliefs about how they would react may differ from how they would actually react. These individuals may feel prepared and overconfident in their abilities to provide support, and it would be important to educate these individuals about the realities of providing support and about the amount of resources that are required when providing support so that they can be more prepared in the future.

Limitations

There are some limitations to the current study that may have an effect on the interpretation of the presented data. First of all, because of the three coherent groups that appeared to emerged from the data, a larger sample size would have allowed for more exploration of group differences, especially in regards to how sex role impacted these three groups. A larger sample size may also have increased the effect size of the significant findings.

Another limitation was one of the measures that was created for the study. A few of the subscales of the SRQ – significant other version, did not show strong reliability. This was especially true for some of the negative reaction scales, and these scales were some of the most pertinent to the study. Because this scale was originally created for female sexual assault survivors, some of the questions, although modified to some extent, may have been too harsh or accusatory to assess the true nature of the question. Also, the use of the BSRI in current research is always debated. Although many studies have shown that the BSRI is still valid in our current society, some argue that its relevance is declining and argue that stereotypical gender roles are no longer relevant in our society.

Another limitation that may be of concern is the nature in which individuals provided information on whether or not they provided support to a rape victim. This question was somewhat vague and it is possible that it was interpreted differently by participants. For example, there was no specific indication as to when the support was provided, and therefore individuals may have said no to this question if no support was provided directly after, while others may have answered yes to this question even though the support they provided may have occurred years after the event.

Other information that may have been helpful in determining differences in this study would have been information regarding whether or not the males believe that the supportive and unsupportive behaviors presented in the revised SRQ were positive or negative. Did the males perceive the negative reaction scales as negative, or did they believe that these behaviors would actually be helpful? It may not be that males want to provide unsupportive behaviors – they may just believe that these behaviors are actually helpful.

Also, another limitation of the study is that all questionnaires were self-reports. There are inherent limitations to using self-report measures, especially when individuals are reporting on specific past behaviors. For example, it is possible that individuals exaggerated the degree to which they provided support to a female rape victim. In addition, social desirability may have come into play with the individuals' responses. Many of the questions addressed sensitive topics and individuals may have felt uncomfortable answering truthfully about their beliefs in rape myths or their attitudes toward rape victims.

The term "rape" and "sexual assault" are difficult to define, as explored in the introduction. Therefore, individuals' beliefs about what the term "sexual assaulted" means may have differed. Individuals who know a sexual assault victim by the legal definition may not have reported this if their beliefs are that, for example, sexual assault only involves a stranger forcing a woman to have sexual intercourse. In addition, whether or not the individual has committed a rape was not assessed in this research study. Given the high number of college men who have shown the proclivity to commit sexual violence against women (34%; Osland, Fitch, & Willis, 1996), the likelihood that one or more of the individuals that participated in this study has committed a sexual assault against a woman is high. Therefore, it is possible that these individuals may have answered in a more socially desirable way.

Suggestions for Future Research

To further our knowledge in the fields of social support and sexual assault, it is important that further research be conducted in these areas. First of all, it is important that scales are developed that appropriately measure social support that males may provide to female sexual assault victims. Although the scale used in this study appeared to be reliable in measuring males' positive social reactions to sexual assault, it had a more difficult time measuring negative behaviors. More reliable measures, created from the social support and sexual assault literature may help to look at this variable more closely in future samples.

In addition, future studies may want to further explore sexual assault-specific variables that may contribute to whether or not an individual provides certain positive social support, or factors that encourage negative social reactions. Some of these variables may include the nature of the rape scenario (date rape, stranger rape, etc.), the period of time in which the support was provided, and how much blame the individual would attribute to the victim versus the perpetrator. Also, it may be important to compare the supportive behaviors males believe they provide to the behavior the rape victim feels she received. The type of social support that is perceived may be different from the amount of social support that is actually provided. It may also be important to explore the male's perspective on these supportive and unsupportive behaviors, and how effective he thinks he was in applying these behaviors. Did he really believe that the behaviors included in the negative scales would be detrimental or did he believe that these behaviors were actually helpful?

Future studies may also want to explore the effectiveness of social supportive behaviors on the reduction of psychological symptoms in sexual assault victims and their loved ones. How much effect does the rape event have on male support providers? Are they in need of social

support themselves and what types of support would be helpful for them? Does providing support and feeling helpful to their loved one who was sexually assaulted reduce their psychological symptoms?

Table 1

*Means and Standard Deviations for Scales and Subscales Based on the Entire Sample (*N = *205)*

Measure	*M*	*SD*	Poss. Range	Actual Range
ATRV	31.33	10.95	0-100	6-76
RMAS	44.68	10.94	19-117	20-82
SRQ-positive	3.14	0.59	0-4	.25-4
SRQ-emotional support	3.23	0.52	0-4	.20-4
SRQ-tangible support	2.85	1.11	0-4	0-4
SRQ-negative	0.79	0.40	0-4	.04-2.31
SRQ-treat differently	0.38	0.42	0-4	0-2.33
SRQ-distraction	1.26	0.74	0-4	0-4
SRQ-take control	0.53	0.43	0-4	0-2.14
SRQ-victim blame	0.31	0.49	0-4	0-2
SRQ-egocentric	1.54	0.87	0-4	0-4
SS-total	5.51	1.10	1-7	1-7
SS-family	5.57	1.30	1-7	1-7
SS-friend	5.54	1.24	1-7	1-7
SS-significant other	5.41	1.55	1-7	1-7
LIVES-total	35.77	38.77	0-387	0-200
LIVES-lifethreat	30.15	33.30	0-279	0-166
LIVES-sexthreat	5.62	8.19	0-108	0-45
Masculinity	5.12	0.69	0-7	3.15-6.85
Femininity	4.74	0.59	0-7	2.10-6.28

Note. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support. LIVES = Lifetime Involvement in Violent Events Scale.

Table 2

Means and Standard Deviations for Participants Who Have and Have Not Provided Social Support to a Sexual Assault Victim

	Provided support (n = 65)		Did not provide support (n = 140)	
Measure	*M*	*SD*	*M*	*SD*
RMAS	45.89	12.46	44.11	10.16
ATRV	32.15	12.17	30.94	10.35
SRQ positive	2.76	0.64	3.32	0.48
Emotional	3.06	0.63	3.32	0.45
Tangible	1.85	1.06	3.32	0.77
SRQ negative	0.77	0.45	0.80	0.37
Different	0.47	0.47	0.33	0.40
Distract	1.10	0.79	1.34	0.71
Control	0.57	0.48	0.51	0.41
Blame	0.40	0.57	0.27	0.44
Ego	1.37	0.83	1.62	0.89
SS total	5.34	1.16	5.58	1.07
SS family	5.27	1.45	5.71	1.20
SS friend	5.40	1.19	5.60	1.26
SS sig. other	5.37	1.62	5.44	1.53
LIVES total	56.69	45.28	26.05	31.01
Lifethreat	46.06	38.62	22.76	27.70
Sexthreat	10.63	10.32	3.29	5.68
Femininity	4.73	0.65	4.75	0.57
Masculinity	5.33	0.66	5.02	0.69

Note. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support. LIVES = Lifetime Involvement in Violent Events Scale.

Table 3

Means and Standard Deviations for Three Group Comparison

	Group 1 (n = 65)		Group 2 (n = 55)		Group 3 (n = 85)	
Measure	*M*	*SD*	*M*	*SD*	*M*	*SD*
RMAS	45.89	12.46	42.84	9.94	44.94	10.27
ATRV	32.15	12.17	29.09	10.65	32.14	10.04
SS total	5.34	1.16	5.60	1.00	5.57	1.13
SS family	5.27	1.45	5.69	1.19	5.72	1.22
SS friend	5.40	1.19	5.65	1.23	5.57	1.29
SS sig. other	5.37	1.62	5.45	1.47	5.43	1.57
SRQ positive	2.76	0.64	3.19	0.59	3.40	0.37
Emotional	3.06	0.63	3.24	0.53	3.37	0.38
Tangible	1.85	1.06	3.07	0.99	3.48	0.54
SRQ negative	0.77	0.45	0.75	0.37	0.84	0.37
Different	0.47	0.47	0.31	0.34	0.35	0.43
Distract	1.10	0.79	1.20	0.72	1.42	0.69
Control	0.57	0.48	0.54	0.37	0.50	0.43
Blame	0.40	0.57	0.30	0.46	0.26	0.42
Ego	1.37	0.83	1.43	0.78	1.74	0.94
LIVES total	56.69	45.28	29.22	23.04	24.00	35.21
Lifethreat	46.06	38.62	24.13	20.52	21.87	31.58
Sexthreat	10.63	10.32	5.09	5.36	2.13	5.60
Femininity	4.73	0.65	4.82	0.56	4.70	0.57
Masculinity	5.33	0.66	4.93	0.70	5.08	0.67

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support. LIVES = Lifetime Involvement in Violent Events Scale.

Table 4

Analysis of Variance for Participants Who Have and Have Not Provided Social Support to a Sexual Assault Victim

Measure	*df*	*F*	ŋ	*p*
RMAS	1, 203	1.173	.077	.280
ATRV	1, 203	0.651	.055	.462
SRQ positive	1, 203	48.912	.440	.000**
Emotional	1, 203	11.403	.230	.001**
Tangible	1, 203	125.011	.617	.000**
SRQ negative	1, 203	0.320	.045	.286
Different	1, 203	4.469	.148	.018*
Distract	1, 203	4.721	.152	.016*
Control	1, 203	0.716	.063	.200
Blame	1, 203	3.025	.122	.042*
Ego	1, 203	3.703	.134	.028*
Femininity	1, 203	0.025	.000	.438
Masculinity	1, 203	8.920	.205	.002**

Note. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support. LIVES = Lifetime Involvement in Violent Events Scale. RMAS and ATRV are non-directional, two-tailed tests. *p<.05. **p<.01.

Table 5

Analysis of Variance for Three Group Analysis

Measure	*df*	*F*	ŋ	*p*
RMAS	2, 202	1.206	.110	.301
ATRV	2, 202	1.564	.122	.209
SRQ positive	2, 202	27.373	.462	.000**
Emotional	2, 202	6.881	.253	.001**
Tangible	2, 202	68.359	.636	.000**
SRQ negative	2, 202	0.979	.100	.189
Different	2, 202	2.341	.152	.050*
Distract	2, 202	3.905	.148	.011*
Control	2, 202	0.554	.071	.288
Blame	2, 202	1.610	.126	.101
Ego	2, 202	2.933	.195	.011*
SS total	2, 202	1.038	.100	.178
SS family	2, 202	2.591	.158	.036*
SS friend	2, 202	0.671	.084	.256
SS sig. other	2, 202	0.047	.000	.477

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support. LIVES = Lifetime Involvement in Violent Events Scale. *p<.05. **p<.01.

Table 6

Correlation Between Rape Myth Acceptance and SRQ Subscales for Individual Who Have Provided Support to a Sexual Assault Victim and Those Who Have Not

	Rape Myth Acceptance	
Subscale	Provided support (n = 65)	Did not provide support (n = 140)
SRQ positive	-.394**	-.248**
Emotional	-.435**	-.239**
Tangible	-.183	-.197**
SRQ negative	.331**	.438**
Different	.244*	.284**
Distract	.317**	.339**
Control	.372**	.367**
Blame	.328**	.329**
Ego	-.032	.177*

Note. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 7

Correlation Between Rape Myth Acceptance and SRQ Subscales for Three Groups

	Rape Myth Acceptance		
Subscale	Group 1 (n = 65)	Group 2 (n = 55)	Group 3 (n = 85)
SRQ positive	-.394**	-.333**	-.239*
Emotional	-.435**	-.355**	-.182*
Tangible	-.183	-.228*	-.266**
SRQ negative	.331**	.491**	.393**
Different	.244*	.474**	.188*
Distract	.317**	.476**	.234*
Control	.372**	.472**	.324**
Blame	.328**	.376**	.309**
Ego	-.032	-.008	.253**

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 8

Correlation Between Perceived Social Support and Provided Supportive and Unsupportive Behaviors for Entire Sample and Those Who Have and Have Not Provided Support to a Sexual Assault Victim

	Total Perceived Social Support		
Subscale	Entire sample (N = 205)	Provided support (n = 65)	No support (n = 140)
SRQ positive	.237**	.295**	.164*
Emotional	.313**	.409**	.227**
Tangible	.064	-.010	.011
SRQ negative	-.065	-.015	-.103
Different	-.160*	-.021	-.221**
Distract	-.043	.058	-.123
Control	-.028	.016	-.044
Blame	-.067	-.030	-.072
Ego	.029	-.119	.079

Note. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 9

Correlation Between Perceived Social Support and Provided Supportive and Unsupportive Behaviors for Three Group Analysis

	Total Perceived Social Support		
Subscale	Group 1 (n = 65)	Group 2 (n = 55)	Group 3 (n = 85)
SRQ positive	.295**	.086	.261**
Emotional	.409**	.135	.316**
Tangible	-.010	-.010	.041
SRQ negative	-.015	-.325**	.026
Different	-.021	-.254*	-.207*
Distract	.058	-.341**	.006
Control	.016	-.320**	.090
Blame	-.030	-.259*	.042
Ego	-.119	.012	.115

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 10

Frequency of Bem Groups in Current Sample

Group	Entire sample (N = 205)	Group 1 (n = 65)	Group 2 (n = 55)	Group 3 (n = 85)
Undifferentiated	42	7	12	23
Feminine	32	8	12	12
Androgynous	73	30	17	26
Masculine	58	20	14	24

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim.

Table 11

Means and Standard Deviations for Scales by Bem Sex Role Type

	Bem Sex Role Type					
	Masculine (n = 58)		Feminine (n = 32)		Androgynous (n = 73)	
Scales	*M*	*SD*	*M*	*SD*	*M*	*SD*
ATRV	31.78	10.02	28.09	10.25	31.68	11.55
RMAS	44.79	10.38	41.63	8.24	43.64	11.11
SRQ negative	0.80	0.41	0.74	0.28	0.75	0.43
Different	0.33	0.33	0.38	0.48	0.33	0.44
Distract	1.30	0.83	1.14	0.53	1.20	0.80
Control	0.53	0.41	0.46	0.28	0.52	0.48
Blame	0.34	0.50	0.24	0.42	0.29	0.47
Ego	1.57	0.89	1.57	0.85	1.43	0.86
Total SS	5.34	1.00	5.52	1.06	5.93	1.00
Family	5.47	1.31	5.80	1.20	5.88	1.19
Friends	5.30	1.13	5.49	1.43	5.99	1.09
Sig. Other	5.26	1.49	5.28	1.68	5.92	1.39

Note. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. SS = Multidimensional Scale of Perceived Social Support.

Table 12

Analysis of Variance for Bem Groups

Measure	*df*	*F*	ŋ	*p*
RMAS	2, 160	0.967	.110	.383
ATRV	2, 160	1.461	.134	.235
SRQ negative	2, 160	0.358	.063	.699
Different	2, 160	0.199	.045	.820
Distract	2, 160	0.515	.077	.599
Control	2, 160	0.296	.063	.744
Blame	2, 160	0.480	.077	.620
Ego	2, 160	0.531	.084	.589

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. **p*<.05. ***p*<.01.

Table 13

Correlation Analyses of Masculine and Feminine Traits

Subscale	Masculinity (N = 205)	Femininity (N = 205)
RMAS	-.070	-.180**
ATRV	-.009	-.147*
SRQ positive	.076	.237**
Emotional	.130	.315**
Tangible	-.021	.061
SRQ negative	-.071	-.092
Different	-.131	-.131
Distract	-.033	-.021
Control	-.020	-.031
Blame	-.033	-.013
Ego	-.042	-.117
Social support total	.232**	.378**
Family	.166*	.332**
Friends	.208**	.293**
Significant other	.189**	.294**

Note. ATRV = Attitudes Toward Rape Victims Scale. RMAS = Rape Myth Acceptance Scale. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 14

Analysis of Variance Comparing Perceived Social Support by Bem Sex Role Group (one-tailed)

Scale	*df*	*F*	ŋ	*p*
		Masculine vs. Feminine		
Social Support total	1, 88	0.653	.834	.211
Family	1, 88	1.363	.122	.123
Friends	1, 88	0.505	.077	.240
Significant other	1, 88	0.004	.000	.474
		Masculine vs. Androgynous		
Social Support total	1, 129	11.104	.281	.001**
Family	1, 129	3.455	.161	.033*
Friends	1, 129	12.510	.297	.001**
Significant other	1, 129	6.863	.226	.005**
		Feminine vs. Androgynous		
Social Support total	1, 103	3.501	.182	.032*
Family	1, 103	0.099	.032	.377
Friends	1, 103	3.754	.187	.022*
Significant other	1, 103	3.754	.197	.028*

*$p<.05$. **$p<.01$.

Table 15

Frequency of Victim Relationship to Support Provider for Three Group Comparison

Relationship	Group 1 (n = 60)	Group 2 (n = 55)	Group 3 (n = 85)
Female Friend	37	25	40
Girlfriend (Romantic)	14	18	34
Wife	0	2	1
Mother	1	0	2
Sister	3	2	6
Other female family	1	2	0
Acquaintance	3	2	0
Other	1	4	2

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. Those who included more than one individual were excluded.

Table 16

Means and Standard Deviations for Scales by Friend and Family Groups

	Provided support				No Support			
	Friend (n = 37)		Family (n = 14)		Friend (n = 65)		Family (n = 67)	
Scale	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
SRQ positive	2.84	0.60	2.89	0.29	3.25	0.48	3.40	0.46
Emotional	3.11	0.52	3.24	0.29	3.24	0.45	3.40	0.44
Tangible	2.03	1.13	1.87	0.58	3.26	0.75	3.41	0.77
SRQ negative	0.83	0.42	0.87	0.51	0.76	0.36	0.86	0.38
Different	0.50	0.45	0.55	0.44	0.34	0.37	0.31	0.42
Distract	1.25	0.75	1.20	0.90	1.28	0.67	1.41	0.77
Control	0.63	0.43	0.68	0.57	0.46	0.37	0.58	0.43
Blame	0.42	0.57	0.40	0.62	0.32	0.48	0.24	0.41
Ego	1.38	0.82	1.50	0.60	1.44	0.84	1.85	0.89

Note. SRQ = Social Reactions Questionnaire.

Table 17

Analysis of Variance for Friend and Family Groups (one-tailed)

Measure	*df*	*F*	ŋ	*p*
		Provided support		
SRQ positive	1, 49	0.117	.045	.367
Emotional	1, 49	0.755	.122	.195
Tangible	1, 49	0.238	.071	.314
SRQ negative	1, 49	0.048	.032	.414
Different	1, 49	0.096	.045	.379
Distract	1, 49	0.040	.032	.421
Control	1, 49	0.156	.055	.348
Blame	1, 49	0.010	.000	.460
Ego	1, 49	0.254	.071	.308
		No support		
SRQ positive	1, 130	3.652	.164	.029
Emotional	1, 130	4.216	.176	.021
Tangible	1, 130	1.341	.100	.125
SRQ negative	1, 130	2.715	.141	.051
Different	1, 130	0.224	.045	.319
Distract	1, 130	0.932	.084	.168
Control	1, 130	2.760	.145	.050*
Blame	1, 130	1.050	.089	.154
Ego	1, 130	7.198	.228	.004**

Note. SRQ = Social Reactions Questionnaire. *p<.05. **p<.01.

Table 18

Means and Standard Deviations for SRQ Scales by Trauma Groups

	Entire Sample				Group 1				Group 2				Group 3			
	Trauma (n = 132)		No Trauma (n = 73)		Trauma (n = 51)		No Trauma (n = 14)		Trauma (n = 29)		No Trauma (n = 26)		Trauma (n = 52)		No Trauma (n = 33)	
Scale	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
SRQ positive	3.11	0.57	3.20	0.63	2.82	0.57	2.51	0.82	3.12	0.68	3.28	0.47	3.38	0.33	3.42	0.42
Emotional	3.22	0.49	3.26	0.58	3.13	0.54	2.81	0.85	3.16	0.59	3.32	0.44	3.34	0.33	3.41	0.45
Tangible	2.77	1.15	3.00	1.02	1.91	1.06	1.63	1.08	2.99	1.16	3.16	0.77	3.50	0.51	3.45	0.58
SRQ negative	0.80	0.42	0.78	0.36	0.78	0.48	0.74	0.37	0.79	0.43	0.71	0.29	0.83	0.35	0.85	0.41
Different	0.36	0.41	0.40	0.46	0.45	0.49	0.52	0.40	0.32	0.38	0.30	0.31	0.30	0.32	0.42	0.56
Distract	1.30	0.78	1.20	0.67	1.12	0.83	1.02	0.60	1.30	0.83	1.10	0.58	1.47	0.66	1.35	0.74
Control	0.53	0.44	0.54	0.43	0.56	0.50	0.59	0.42	0.58	0.41	0.51	0.33	0.47	0.38	0.54	0.50
Blame	0.35	0.53	0.25	0.39	0.39	0.60	0.43	0.50	0.37	0.54	0.22	0.35	0.29	0.46	0.20	0.35
Ego	1.53	0.90	1.55	0.84	1.42	0.84	1.16	0.77	1.41	0.88	1.46	0.66	1.70	0.95	1.79	0.93

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. SRQ = Social Reactions Questionnaire.

Table 19

Analysis of Variance for Trauma Groups

Measure	*df*	*F*	ŋ	*p*
		Entire Sample		
SRQ positive	1, 203	1.072	.071	.151
Emotional	1, 203	0.327	.045	.284
Tangible	1, 203	1.988	.100	.080
SRQ negative	1, 203	0.129	.032	.360
Different	1, 203	0.295	.032	.294
Distract	1, 203	0.862	.063	.177
Control	1, 203	0.012	.000	.456
Blame	1, 203	1.896	.095	.085
Ego	1, 203	0.032	.000	.429
		Group 1		
SRQ positive	1, 63	2.599	.200	.112
Emotional	1, 63	2.883	.307	.094
Tangible	1, 63	0.791	.110	.377
SRQ negative	1, 63	0.058	.032	.811
Different	1, 63	0.264	.063	.609
Distract	1, 63	0.154	.045	.696
Control	1, 63	0.039	.032	.845
Blame	1, 63	0.044	.032	.835
Ego	1, 63	1.098	.130	.299
		Group 2		
SRQ positive	1, 53	0.982	.134	.326
Emotional	1, 53	1.154	.145	.288
Tangible	1, 53	0.423	.089	.518
SRQ negative	1, 53	0.600	.105	.442
Different	1, 53	0.049	.032	.827
Distract	1, 53	1.078	.141	.304
Control	1, 53	0.495	.095	.485
Blame	1, 53	1.460	.164	.232
Ego	1, 53	0.071	.032	.791
		Group 3		
SRQ positive	1, 83	0.280	.055	.598
Emotional	1, 83	0.711	.089	.401
Tangible	1, 83	0.121	.032	.729
SRQ negative	1, 83	0.056	.032	.814
Different	1, 83	1.529	.134	.220
Distract	1, 83	0.635	.089	.428
Control	1, 83	0.486	.077	.488
Blame	1, 83	0.976	.110	.326
Ego	1, 83	0.169	.045	.682

Note. Group 1 = Know a sexual assault victim and provided support. Group 2 = Know a sexual assault victim but did not provide support. Group 3 = Do not know a sexual assault victim. SRQ = Social Reactions Questionnaire. Groups 1, 2, and 3 are two-tailed, non-directional tests.

APPENDIX A

DEMOGRAPHICS QUESTIONNAIRE

DEMOGRAPHICS QUESTIONNAIRE

1. Age: _____

2. Race/Ethnicity:
   1) African-American
   2) Caucasian (Non-Hispanic)
   3) Mexican-American
   4) Asian-American
   5) Native-American
   6) Mixed race/ethnicity (please specify) _____
   7) International Student from (please specify) _____
   8) Other (please specify) _____

3. College classification:
   1) Freshman
   2) Sophomore
   3) Junior
   4) Senior
   5) Non-degree
   6) Other _____

4. Sexual preference: 1) Female 2) Male 3) Both

5. Current marital status:
   1) Single, never married
   2) Married
   3) Separated
   4) Divorced
   5) Widowed
   6) Committed/living together
   7) Other _____

6. Parent's marital status:
   1) Single, never married
   2) Married
   3) Separated
   4) Divorced
   5) Widowed
   6) Committed/living together
   7) Other _____

7. Parent's occupation: 1) Mother _____
   (indicate if step or biological) 2) Father _____

8. Parent's education: 1) Mother _____
   (indicate if step or biological) 2) Father _____

9. Parent's Yearly Income:
   1) Under 20,000
   2) 20,000-30,000
   3) 30,000-50,000
   4) 50,000-75,000
   5) 75,000-100,000
   6) 100,000-175,000
   7) above 175,000

APPENDIX B

SOCIAL REACTION QUESTIONNAIRE—SIGNIFICANT OTHER

ACTUAL BEHAVIORS

HOW YOU RESPONDED...

Earlier you responded that you *have* been in a position to provide support to a female sexual assault survivor.

The following is a list of behaviors that people responding to a person who has been sexually assaulted often show. Please indicate how often you responded with each of the listed responses to a female survivor by placing the appropriate number in the blank next to each item.

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 1. Told her it was not her fault

____ 2. Pulled away from her

____ 3. Wanted to seek revenge on the perpetrator

____ 4. Told others about her experience without her permission

____ 5. Distracted her with other things

____ 6. Comforted her by telling her it would be all right or by holding her

____ 7. Told her you felt sorry for her

____ 8. Helped her get medical care

____ 9. Told her that she was not to blame

____ 10. Treated her differently in some way than before she told you that made her uncomfortable

____ 11. Tried to take control of what she did/decisions she made

____ 12. Focused on your own needs and neglected hers

____ 13. Told her to go on with her life

____ 14. Held her or told her that she is loved

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 15. Reassured her that she is a good person

____ 16. Encouraged her to seek counseling

____ 17. Told her that she was to blame or shameful because of this experience

____ 18. Avoided talking to her or spending time with her

____ 19. Made decisions or did things for her

____ 20. Said you feel personally wronged by her experience

____ 21. Told her to stop thinking about it

____ 22. Listened to her feelings

____ 23. Saw her side of things and did not make judgments

____ 24. Helped her get information of any kind about coping with the experience

____ 25. Told her that she could have done more to prevent this experience from occurring

____ 26. Acted as if she were damaged goods or somehow different now

_____27. Treated her as if she were a child or somehow incompetent

____ 28. Expressed so much anger at the perpetrator that she had to calm you down

____ 29. Told her to stop talking about it

____ 30. Showed understanding of her experience

____ 31. Reframed the experience as a clear case of victimization

____ 32. Took her to the police

_____33. Told her that she was irresponsible or not cautious enough

_____34. Minimized the importance or seriousness of her experience

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 35. Said you knew how she felt when you really did not

____ 36. Have been so upset that you needed reassurance from her

_____37. Tried to discourage her from talking about the experience

____ 38. Shared your own experience with her

____ 39. Was able to really accept her account of her experience

____ 40. Spent time with her

____ 41. Told her that she did not do anything wrong

____ 42. Made a joke or sarcastic comment about this type of experience

____ 43. Made her feel like she didn't know how to take care of herself

____ 44. Said you feel she is tainted by this experience

____ 45. Encouraged her to keep the experience a secret

____ 46. Seemed to understand how she was feeling

____ 47. Believed her account of what happened

____ 48. Provided information and discussed options

APPENDIX C

SOCIAL REACTION QUESTIONNAIRE—SIGNIFICANT OTHER

HYPOTHETICAL BEHAVIORS

HOW YOU WOULD RESPOND...

In the blank provided, please place the initials of a female individual you are close to and her relationship to you:

Her Initials: _____ Relationship: _____

Earlier you reported that you have *not* previously been in the position to provide social support to a female sexual assault survivor.

The following is a list of behaviors that people responding to a person who has been sexually assaulted often show. Please indicate how often you *would* respond with each of the listed responses to the female you listed above if she were sexually assaulted by placing the appropriate number in the blank next to each item.

0	1	2	3	4
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

____ 1. Tell her it was not her fault

____ 2. Pull away from her

____ 3. Want to seek revenge on the perpetrator

____ 4. Tell others about her experience without her permission

____ 5. Distract her with other things

____ 6. Comfort her by telling her it would be all right or by holding her

____ 7. Tell her you feel sorry for her

____ 8. Help her get medical care

____ 9. Tell her that she was not to blame

_ __ 10. Treat her differently in some way than before she told you that made her uncomfortable

____ 11. Try to take control of what she did/decisions she makes

____ 12. Focus on your own needs and neglect hers

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 13. Tell her to go on with her life

____ 14. Hold her or tell her that she is loved

____ 15. Reassure her that she is a good person

____ 16. Encourage her to seek counseling

____ 17. Tell her that she was to blame or shameful because of this experience

____ 18. Avoid talking to her or spending time with her

____ 19. Make decisions or do things for her

____ 20. Say you feel personally wronged by her experience

____ 21. Tell her to stop thinking about it

____ 22. Listen to her feelings

____ 23. See her side of things and not make judgments

____ 24. Help her get information of any kind about coping with the experience

____ 25. Tell her that she could have done more to prevent this experience from occurring

____ 26. Act as if she were damaged goods or somehow different now

_____27. Treat her as if she were a child or somehow incompetent

____ 28. Express so much anger at the perpetrator that she would have to calm you down

____ 29. Tell her to stop talking about it

____ 30. Show understanding of her experience

____ 31. Reframe the experience as a clear case of victimization

____ 32. Take her to the police

_____33. Tell her that she was irresponsible or not cautious enough

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 34. Minimize the importance or seriousness of her experience

____ 35. Say you knew how she feels when you really did not

____ 36. Would be so upset that you would need reassurance from her

_____37. Try to discourage her from talking about the experience

____ 38. Share your own experience with her

____ 39. Be able to really accept her account of her experience

____ 40. Spend time with her

____ 41. Tell her that she did not do anything wrong

____ 42. Make a joke or sarcastic comment about this type of experience

____ 43. Make her feel like she didn't know how to take care of herself

____ 44. Say you feel she is tainted by this experience

____ 45. Encourage her to keep the experience a secret

____ 46. Seem to understand how she was feeling

____ 47. Believe her account of what happened

____ 48. Provide information and discuss options

APPENDIX D

VICTIM RELATIONSHIP QUESTIONNAIRE

Do you know a female who has been sexually assaulted?

1) Yes 2) No

***IF NO**, please return this packet to the administrator to receive the next packet.

If you know **more than one person, please choose the one person who relied most upon you to provide support to them in the aftermath of the event.

Please indicate the relationship of that person to you:

1) Female Friend
2) Girlfriend (Romantic)
3) Wife
4) Mother
5) Sister
6) Other female family member
7) Female acquaintance
8) Other (please indicate relationship) _____

Were you in a position to provide support to this person in the aftermath of the event?

1) Yes 2) No

If not, why? _____

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